

CHEMIST & DRUGGIST

The newsworthy for pharmacy

a Benn publication

July 18 1981

Tenterden:
judge is told
of a 'war'

VAT 'advance'
up to 130pc

Oxygen rates
increased

Pharmacist to
be struck off

Clinical pharmacy:
part 6



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COMMENT

Danger ahead

The Secretary for Social Services, Mr Patrick Jenkin, had some nice things to say about the role of the pharmacist in the health care team when he opened Richardson-Vicks new research and administration centre at Egham, Surrey last week (see p81). And, as would be expected on such an occasion, he also said some nice things about the pharmaceutical industry.

Once again, too, Mr Jenkin capitalised on his Government's efforts to make the research and trading lives of industry that much easier — such as the concessions on clinical trials and the review of medicines procedure. But there are still clouds on the horizon, and the Minister would do well to take heed of the representations being made to the Health and Safety Commission on the notification of new substances — a subject on which far-reaching proposals are being formulated and which, if effected, could undo any good intentions the Government may have concerning the attraction of chemicals investment to Britain, (p105).

The Chemical Industries Association is warning that costs would rocket — and by much more than elsewhere in the EEC, whose Directive they are designed to implement. Mr Jenkin should take a special interest here because pharmaceuticals would be particularly affected: they have long development times, compounding the cost of testing intermediates, and the possible lack of confidentiality in the proposed scheme's notification would leave the industry vulnerable. In all, it is an unattractive package for any research-based industry.

Yet that is just what Mr Jenkin is pleased to attract to Britain. At Egham, he suggested that the training of scientists made Britain an ideal base for research — and a multinational company with a

successful research team was less inclined to move its activities when times are tough than one with only an investment in manufacturing away from the home base. A successful research team is a very deeply embedded anchor indeed, said Mr Jenkin.

Contrast that with the claim in the CIA evidence on the HSC consultative document: "There is little doubt that all companies are reconsidering their plans for the future in the light of the uncertainty produced by these draft regulations. In the worst case, the regulations could result in a major withdrawal of chemical and allied industry from the UK." It doesn't bear thinking about, does it Mr Secretary of State?

Challenge

If Mr Jenkin had something nice to say about the role of the pharmacist, Winpharm have this week tried to do something practical to encourage that role. The launch of their new pharmacy-only — and non-prescription — cough medication (p88) is something of a risk commercially, because they are seeking to establish a significant brand solely on the basis of pharmacist recommendation.

They have accompanied the launch with the most overt "ask your pharmacist's advice" POS material that has yet been devised and there is no doubt that the product's progress will be monitored closely by competitors — who will follow the example (or otherwise) depending upon the results. A challenge to the profession? ■

Tenterden 'war' a court is told

A "war" is being waged between Tenterden, Kent, chemists and local family doctors over who should have the right to dispense drugs and medical appliances to "rural" NHS patients, a High Court judge heard last week.

Paydens Ltd, of High Street, Tenterden, are seeking orders and injunctions to stop five general practitioners, sharing a practice at Ivy Court, from dispensing to patients, allegedly in contravention of NHS regulations. The price of losing their action, say Paydens, is the possible death of their own business or one of the other two pharmacies in the town.

They are asking Mr Justice Ralph Gibson to quash a decision of the Kent Family Practitioner Committee's dispensing subcommittee to transfer "rural" patients at Ivy Court from the prescription to the dispensing "D" list. The transfer means that the doctors gain profit from supplying their own patients with medicines which would otherwise have to be obtained from the chemists.

The NHS (General Medical and Pharmaceutical Services) Regulations 1974 strictly control the categories of patients to whom doctors may directly dispense and include those in areas "rural in character".

In an eight-day hearing, Paydens have argued the subcommittee acted wrongly and did not correctly decide who were "rural" patients. At the centre of the dispute are patients living in the Rolvenden, Wittersham and St. Michael's areas.

Damages claim

Paydens are also seeking to stop payments by the DHSS to the doctors in respect of medicines supplied to patients not lawfully on the "D" list. They are also claiming damages for the losses they say they have suffered.

Mr Henry Brooke, QC, for the doctors, said the chemists were "waging a private war" to penalise the doctors, who were seeking to provide a good service to rural patients. These included a "huge quantity" of old people who found travelling to chemists' shops to obtain prescriptions difficult.

Mr Richard Mawrey, for Paydens, said the "war" was started by the doctors. Since 1979 they had increased the numbers on their "D" list, threatening

the future of the chemists' shops in Tenterden. One or more was likely to be put out of business if their legal battle failed.

Referring to the concern expressed by the doctors for the convenience of their patients, he said: "What this dispute is really about is money. Dispensing to rural patients is potentially lucrative to doctors."

The judge reserved his decision and will give his judgment in the near future. ■

Oxygen fees up

Substantial increases in contractor's remuneration for the supply of oxygen therapy services have been agreed between the Pharmaceutical Services Negotiating Committee and the Department of Health. The higher fees particularly reflect the recent increases in the urgent fees.

The following new scales, effective from July 1, should be read in conjunction with the Drug Tariff pp 101-104.

Miles each way		0-3	3-5	5-10	over 10
i.	Delivery of set and cylinders				
	a. non-urgent	833	1,188	1,324	1,798
	b. from closing to 11pm (urgent)	1,343	1,698	1,834	2,308
	c. 11pm to opening (urgent)	1,508	1,863	1,999	2,473
ii.	Cylinders				
	a. non-urgent	745	1,101	1,238	1,712
	b. from closing to 11pm (urgent)	1,255	1,611	1,748	2,222
	c. 11pm to opening (urgent)	1,420	1,776	1,913	2,387
iii.	Collection of set and cylinders (end of treatment)	745	1,101	1,238	1,712
		Fee per form			
		Resident	Not Resident		
iv.	Collection at pharmacy				
	a. non-urgent set and cylinders		398		398
	cylinders only		354		354
	mask only		3		3
	b. endorsed urgent				
i.	from closing to 11pm				
	set and cylinders		698		1,123
	cylinders only		654		1,079
	mask only		303		728
ii.	11pm to opening				
	set and cylinders		823		1,323
	cylinders only		779		1,279
	mask only		428		928
	c. not endorsed urgent but dispensed outside hours				
	set and cylinders		823		1,323
	cylinders only		779		1,279
	mask only		428		928

Treasury pressure on charges

There are indications in Whitehall that Treasury Ministers are pressing for an increase in prescription charges from next April which would go beyond the amount needed to keep pace with inflation, writes our Parliamentary correspondent.

The Department of Health and Social Security consumes a larger share of the national Budget than any other spending department and an addition to the prescription charge for revenue purposes is being advocated as a means of containing public expenditure.

Mr Patrick Jenkin, the Social Services Secretary, is believed to be fighting to keep the increase in line with the policy announced in the expenditure White Paper published in March —

"prescription charges will increase annually in line with costs".

Dr Gerard Vaughan, Minister for Health, reiterated this sentiment in a written answer this week: "... prescription charges will increase annually in line with costs; present expenditure plans assume that the charges will be increased in April 1982 and annually thereafter". ■

VAT advance increased — but interest is waived

The special advance payment to chemist contractors, being made during the Customs and Excise VAT industrial action, is to be raised to 130 per cent for the payment due on August 1.

The Pharmaceutical Services Negotiating Committee has now been informed by the Department of Health that the Inland Revenue has no power to waive the collection of interest charges on corporation tax and income tax schedule D, as this is a statutory requirement.

However, on Tuesday this week the Government added a new clause to the Finance Bill which will remove the difficulty in respect of the current dispute. Mr Peter Rees, Treasury Minister of State, said in the Commons that businesses unable to secure VAT repayments will not be required to pay interest if they fail to make their tax payments on time.

The exemption from interest will apply to payments of income, corporation and capital gains taxes due and payable between March 1981 and the end of the current tax year, April 5, 1982 — except that the period will end seven days after the delayed government payments have been made.

Mr John Farr, who had questioned the Minister about pharmacists' difficulties, said the Government should pay interest on outstanding VAT repayments at 12½ per cent. "Chemists," he claimed, "are the sort of businesses who will go under unless some sensible solution is found."

The Civil Service dispute was expected to continue as *C&D* went to press. ■

Mr Jenkin praises community pharmacy

"I have always made it clear that the community pharmacy is an essential arm of the National Health Service," Mr Patrick Jenkin said when formally opening the new research and administration centre for Richardson-Vicks at Egham, Surrey, last week (*C&D* July 11, p70).

Mr Jenkin claimed that the role of the proprietary medicine was greatly underestimated. "We need constantly to reinforce the public's confidence in the quality and efficacy of drugs for which they do not need to go to a doctor but can buy over the counter from a pharmacist." And it was the role of the industry to provide the products of value and efficacy that the pharmacist had to sell.

The centre's opening day was also



"Our best-selling line at the moment is total boarding-up."

marked by an international seminar.

The event drew together 23 of the world's experts on skin care — practising and research dermatologists, paediatricians, microbiologists and biologists who discussed, with Richardson-Vicks own team, the latest thinking on care of the skin from infancy through to mature years. ■

Syringe supervision

The Scottish Executive has decided that most pharmacists in general practice exercise adequate "general" supervision over the sale of disposable hypodermic syringes to persons unknown to them and that statutory control was therefore unnecessary.

The Executive were responding to a letter received from Miss E.A. Meikle who had expressed concern over the sale of disposable syringes to persons misusing drugs. It was noted that there was a body of medical opinion that considered that if addicts used sterile (eg disposable syringes) then the incidence of bacterial infection and hepatitis would be reduced.

This point was not accepted by the Executive who felt that pharmacists should refrain from the supply of disposable syringes to addicts — other than registered ones. ■

Review panel — come in number five

A reply is awaited from the fifth and final member needed to complete the pharmacy review panel and who will have commercial / retail experience — the fourth member, Miss P. Lesley Cooke (lecturer in economics, Sussex University) has accepted the PSNC/DHSS nomination.

Both the DHSS and PSNC have agreed that profit margin and property costs will be the first matters considered by the panel when it is complete. ■

Pharmacist stabbed

A Boots manager, Mr G.W. Watson MPS, was stabbed during the rioting in Brixton, South London, last week.

It is understood that the incident occurred when he tried to keep looters out of the pharmacy — and was attacked with a knife. Mr Watson was not seriously hurt, but the rioters later took some stock. A Boots' spokesman told *C&D* that other branches around the country had had windows broken in the widespread rioting. ■

ASHES
TO
ASHES.



One of the prize-winning posters in Sterling Health's 1981 Junior Health Education Award — a nationwide competition for school children between 11 and 13. The award is divided into two sections and these are subdivided into two age groups. Children chose their own topic from one to five general health themes

Debendox safety supported by retrospective study

A follow-up study on pregnant women who were prescribed Debendox and other anti-emetics has produced results suggesting that Debendox is not teratogenic.

The study, published in last week's *British Medical Journal*, was carried out in Scotland and England and covered 22,977 women who became pregnant during the mid-1960s. During the first 13 weeks of gestation, 620 women were prescribed Debendox and 743 were prescribed other drugs that also contained pyridoxine. Ninety-five per cent of the women given Debendox had a normal outcome of pregnancy, 1.3 per cent delivered a malformed infant and 3.7 per cent had other outcomes.

Of the women who were not prescribed Debendox, 2 per cent produced infants with malformations. The rates for all abnormal outcomes among those women given Debendox and those not were 5 per cent and 5.4 per cent respectively.

The authors say that although there were 31 abnormal outcomes among the women taking Debendox, it is difficult to believe that there could have been 589 normal outcomes if the drug was teratogenic. They conclude that Debendox is not specifically incriminated as a cause of foetal malformation.

□ The Committee on Safety of Medicines still think there is no scientifically acceptable evidence that Debendox causes foetal damage. However they are continuing to monitor the situation and have decided that as a precautionary measure the data sheet should carry a warning. The following statement will now be included: "There have been a large number of epidemiological studies of Debendox. Although there have been some reports of congenital malformation associated with administration in early pregnancy, a causal relationship has not been established."

"For no medicinal product can a small risk of teratogenic effect be excluded without absolute certainty and so the use of any drug during early pregnancy should be avoided if at all possible." ■

CSM on cimetidine

The Committee on Safety of Medicines has re-iterated its belief that cimetidine should remain available for the approved indications and has stated that safety tests have not shown any link between the drug and the development of stomach cancer.

In the latest *Current Problems* leaflet, the Committee says it has been aware of the possibility of such a link and is therefore actively monitoring research in the field. It has received 2,459 reports of suspected adverse reactions associated

with cimetidine over the six years to this January. The most commonly reported reactions were headache, dizziness, skin disorders, psychiatric disorders, liver disorders, abdominal pain, nausea and diarrhoea.

Twenty-one reports of stomach cancer have been received and the Committee stresses that these do not provide evidence of a causal relationship — the majority of cases probably existed before cimetidine treatment started, it says. The speculative link between cimetidine and gastric cancer was brought to public attention by a *Sunday Times* article at the beginning of the year. Since then the Committee says that some patients have ceased taking the drug of their own accord. ■

Admonished for unlawful sale

Mr Alec Vivian Hall, a pharmacist from Banstead, was admonished in London last week for permitting the unlawful sale of Veganin at his pharmacy in Wandsworth Road, in South London.

The Statutory Committee of the Pharmaceutical Society was told that an inspector on a routine visit to the shop purchased Veganin tablets in April last year after checking that there was no qualified chemist present. The inspector, Mr Timothy Staton, said that after he was sold the medicine he saw several people come into the pharmacy with prescriptions. They were told that the pharmacist had not arrived and were asked to wait or call back. No dispensed medicines or pharmacy medicines appeared to be handed out or sold.

Mr Staton said Mr Hall, the superintendent pharmacist, arrived at the shop at 10.53 am by which time several people were waiting for prescriptions.

When questioned, the assistant who sold the Veganin said she should have known that she should not have made the sale. She agreed that she had received instructions from Mr Hall about the sale of pharmacy medicines. Mr Hall told the inspector that it was necessary for him to be absent from the pharmacy on Tuesday mornings to take delivery from a wholesaler at his home and to collect change from his bank at Banstead.

Mr Hall told the Committee that he could only offer his apologies for what had happened. "This is something which all practising pharmacists try to avoid," he added.

Solicitor Miss Katrina Wingfield said the company, Halls Chemists Ltd was convicted at the South Western Magistrates Court in October last year for the unlawful sale of the Veganin tablets — a product not on the General Sales List — and not under the supervision of a



Mr Lewis receives his degree from University Chancellor, Lord Ashby of Brandon FRS

Queen's honour Desmond Lewis

The Queen's University of Belfast last week conferred the honorary degree of MSc in the faculty of science on Mr Desmond Lewis, secretary and registrar of the Pharmaceutical Society of Great Britain.

In the citation Professor E. W. Simon, dean of the faculty, said Mr Lewis had been particularly concerned with the Society's educational activities and was at the centre of developments which culminated in the late 1960s with all pharmacy students reading for degrees. Those graduating from Queen's had a particular debt because Mr Lewis had been largely responsible for the legislation which made possible the mutual recognition of qualifications between Northern Ireland and Great Britain, so widening the opportunities for NI graduates.

Mr Lewis joined the Society's secretariat in 1951 after a period with Glaxo Laboratories, and became secretary and registrar in 1967. He was awarded the OBE in 1977. The ceremony was attended by the president of the Pharmaceutical Society of Northern Ireland, Mrs Margaret Watson, and the secretary, Mr W. Gorman, together with Professor P.F. D'Arcy, head of the department of pharmacy at Queen's.

Four of the department's graduates received their PhD in pharmacy — Mrs Faiza ElShafie, T.F. Muldrew, E.R. O'Hare and Miss Rose M. Deehan.

The BSc in pharmacy was conferred upon the successful final-year students (see C&D, June 27, p1238). ■

pharmacist. The company was fined £50 with £50 costs. She added that the company was also convicted in May 1971 of the unlawful sale of Otosporin drops without the authority of a prescription.

That matter was subsequently brought before the Statutory Committee who decided after a 12 month adjournment not to take further action against the company. *Further reports p101.* ■

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IRCS use expanded C&D code for Positive Pos-till system

A computer system for pharmacy based on a point-of-sale (POS) till, and offering the pharmacist either an in-house system or the use of a bureau for data processing, has been announced by Independent Retail Computer Systems — it uses an expanded C&D code for encoding all OTC products.

One of the declared objectives of IRCS is: "To keep users' systems clear of intervention from other parties (eg wholesalers) and to provide systems which do not tie them to one supply source for hardware or software," says Colin Bell, managing director, IRCS.

"Positive does not require a pharmacist to have detailed knowledge of computer systems since it does not require him to have anything more in his shop, or shops, than an electronic POS till—a very simple cash register which staff are already used to operating and so find simple to use."

New Positive users must take stock of all OTC goods by encoding individual items and then entering code, price and quantity onto the till keyboard — this same procedure is followed for each new delivery of goods with any price

differential from C&D List (increase or discount received), entered to allow accurate computation of gross profit etc.

IRCS point out that customers can be served while entering stock received by temporarily switching the operational mode, serving and then returning to stock-entry mode — the previous section of the delivery note/invoice data has been retained in the till's memory.

The data entered into the Norfrond till is captured on a traditional audit roll for back-up, as well as on the magnetic tapes. Tapes are sent off to an Allen computer centre for processing at regular, predetermined intervals (or transmitted by telephone link manually or automatically).

Management reports

Allen return stock replenishment reports and simple management control reports on the OTC area of the business — information which IRCS says shows what stock they should be buying, where demand has fallen for lines which previously sold well (and hence capital is

tied up without satisfactory return) and which sections of stock are creating their profit. Also where money should be spent to ensure a profitable return.

Colin Bell says IRCS have concentrated their efforts on the OTC area of retail pharmacy: "Because research showed not only are most pharmacists dependent on the profit they earn from this side of the business but it is one part of their activity where they can positively influence sales, prices, profits and investment. Similar opportunities are not available in the management of the dispensary."

The Positive system also offers the pharmacist VAT analysis reports, fully detailed transaction control reports and some security analysis which they claim is much welcomed by the multiple pharmacy managers.

The Norfrond System 81 still has a single price of £1,550 and the Positive bureau system has a starting cost price of £29 per week — this is varied according to the size of the pharmacy and the actual cost to any user is fixed and made clear before operations commence.

IRCS are also supplying the Monarch POS system to pharmacists who want to buy and operate their own computer from the outset. It comprises Omron cash registers and a PET computer and costs £5,750, including POS software.

"The Positive bureau system," says Colin Bell, "starts to pay off where OTC sales are over £1,200 a week." ■

FISONS LIMITED PHARMACEUTICAL DIVISION DERBY ROAD, LOUGHBOROUGH. TELEPHONE: (0509) 63113 Chemist UK Price List (Retail and Wholesale)

PRICE INCREASES MARKED ● OPERATIVE ON GOODS DESPATCHED ON OR AFTER JULY 17th 1981

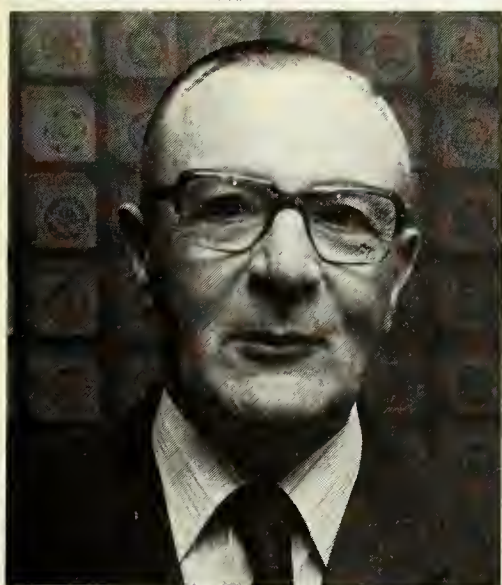
Product		Prod. Code No.	Rec./Fixed Retail Selling Price each incl. VAT	MBU Dozs.	Points Value per MBU	Rec. Trade Price per doz. exc. VAT	Price per doz. (exc. VAT) relevant to the total points value of the complete order					VAT Rate %
							Points 100-200	Points 201-650	Points 651-1500	Points 1501-2000	Points 2001+	
Proprietary Products												
			£			Rate £	1 £	2 £	3 £	4 £	5 £	
BENGERS FOOD METRIC PACK												
		250g	1670	0.82	6/12	3	7.93	7.53	7.34	7.22	7.14	6.94
		500g	1690	1.45	3/12	3	13.81	13.12	12.77	12.57	12.43	12.08
		1kg	1700	2.30	1/12	1	22.08	20.98	20.42	20.09	19.87	19.32
*BILE BEANS												
	P	Medium	1320	0.40	1	2	3.19	3.03	2.95	2.90	2.87	2.79
	P	Family	1330	0.80	6/12	2	5.97	5.67	5.52	5.43	5.37	5.22
*COJENE TABLETS												
	PCDI	35	2240	0.89	1	5	6.82	6.48	6.31	6.21	6.14	5.97
*CYSTOPURIN TABS												
	P	40	2320	0.70	1	4	5.90	5.61	5.46	5.37	5.31	5.16
	P	80	2330	1.19	3/12	1	8.72	8.28	8.07	7.94	7.85	7.63
*GENASPRIN TABS												
	P	100	2430	0.82	3/12	1	5.67	5.39	5.24	5.16	5.10	4.96
ROSKENS HAND CONDITIONER												
		45g	7810	0.58	1	4	4.38	4.16	4.05	3.99	3.94	3.83
		100g	7890	1.05	1	7	8.05	7.65	7.45	7.33	7.24	7.04
*SANATOGEN POWDER ORIGINAL												
	GSL	4oz	1110	1.30	6/12	4	10.36	9.84	9.58	9.43	9.32	9.07
	GSL	8oz	1120	2.30	3/12	3	18.66	17.73	17.26	16.98	16.79	16.33
	GSL	1lb	1130	3.95	1/12	2	32.91	31.26	30.44	29.95	29.62	28.80
	GSL	2lb	1140	6.95	1/12	4	57.03	54.18	52.75	51.90	51.33	49.90
*SANATOGEN MULTIVITAMINS												
	GSL	30	1220	1.15	1	6	8.28	7.87	7.66	7.53	7.45	7.25
	GSL	60	1230	2.13	6/12	5	15.00	14.25	13.88	13.65	13.50	13.13
	GSL	120	1260	3.40	3/12	4	23.91	22.71	22.12	21.76	21.52	20.92
*SANATOGEN MULTIVITAMINS + IRON												
	GSL	30	1910	1.15	1	6	8.28	7.87	7.66	7.53	7.45	7.25
	GSL	60	1930	2.13	6/12	5	15.00	14.25	13.88	13.65	13.50	13.13
	GSL	120	1980	3.40	3/12	4	23.91	22.71	22.12	21.76	21.52	20.92
*SANATOGEN JUNIOR VITAMINS												
	GSL	30	2010	0.78	1	4	5.31	5.04	4.91	4.83	4.78	4.65
	GSL	100	2030	1.74	3/12	2	12.15	11.54	11.24	11.06	10.93	10.63
SANATOGEN VITAMIN C TABLETS												
		30	1240	0.67	1	3	4.44	4.22	4.11	4.04	4.00	3.89
		100	1280	1.65	3/12	2	11.37	10.80	10.52	10.35	10.23	9.95
SANATOGEN HIGH C												
		10	2020	0.65	10/12	5	4.94	4.69	4.57	4.50	4.45	4.32
*ZAM-BUK OINTMENT												
	GSL	Medium	1520	0.48	1	2	3.46	3.29	3.20	3.15	3.11	3.03
VAPEX INHALANT												
	GSL	14ml	8000	0.56	1	4	3.96	3.76	3.66	3.60	3.56	3.47

ABBREVIATIONS USED IN THIS LIST

POM Subject to control under the Medicines (Prescription Only) Order 1977
 GSL Subject to control under the Medicines (General Sales List) Order 1977
 P Pharmacy Only Product
 CDI Subject to Control under the Misuse of Drugs Act 1971 but exempt from restriction under the Regulations except that Invoices are required to be kept for 2 years

NOTE Products not categorised as above are not medicinal products
 DP Dispensing Pack
 MBU Minimum Buying Unit
 VAT Value Added Tax
 ● Products marked thus in the price list are subject to fixed retail prices
 * New prices

This price list comes into operation on July 17, 1981, and cancels all previous price lists relating to these products



Professor D.A. Norton, BSc, FPS, FIBiol, DBA, ACT (Birm), is to retire as head of the school of pharmacy at Bath University at the end of July.

He was appointed to the position 26 years ago when the school was part of Bristol College of Technology and has led it (except for a period of three years) in a time of vigorous expansion both in numbers of students and research undertaken, through the transition first, to Bath College of Science and Technology and then in 1966 to the University of Bath.

Over 220 staff members and students, present and past, as well as distinguished colleagues in the pharmaceutical profession and from other schools of pharmacy attended a valedictory evening on July 10 in the University's senior common room.

An entertainment preceded a buffet meal and dance was organised by members of staff headed by Mr J.I. Harris.

Various people paid tribute to Professor Norton both as a person and for his academic work and contributions to the wider world of pharmacy as an administrator and committee man. A cheque was presented to him on behalf of his friends by the vice-chancellor of the University in addition to other gifts.

Professor Norton will be succeeded by Professor R.T. Parfitt, BPharm, PhD, FPS, CChem, FRIC as head of the school of pharmacy and pharmacology and also as chairman of the University science committee from August 1. He was previously head of the school from 1976-79 in rotation with Professor Norton. ■

■ **World of Photography** is the title of the new photographic catalogue from Photopia International Group. It lists over 900 separate items of photographic equipment and the 48-page catalogue has over 200 colour illustrations together with descriptions, specifications and diagrams. Copies are available free from Photopia International Ltd, Hempstalls Lane, Newcastle, Staffs ST5 0SW.

By Xrayser

Bedtime story

Now kiddies, are you all sitting comfortably? That's right, all relaxed. Don't cross your legs dear, it restricts the circulation, and you wouldn't want gangrene to set in, would you? No of course not. Tonight I'm going to tell you some lovely stories about morals and precedents. You don't know what they are? Well listen and you will learn.

First of all we'll start with the story of the pharmacist couple in Bournemouth who moiled and toiled and worked the systems according to the rules and as a reward actually won a Metro motor car from Unichem and Elida Gibbs. This was very moral and established a good precedent which I hope we will all follow soon. But then Muriel and Kenneth (for those were their names) did something which, if followed, generally, could destroy the very fabric of our society: they gave the car away to a disabled friend!

If Aunt Margaret learns of this deviation from the monetarist doctrines of the State she will be *very* upset. You *don't* give cars away. If you are British you try your best to sell them.

And giving things to the disabled is not good. They have got to stand on their own two feet if the market forces of the economy mean anything at all. What's that? What about the £600 million we poured into British Leyland? Don't interrupt me . . . that was just a way of keeping British industry occupied and getting rid of some of the excess tax revenue.

Now where was I? Oh yes, precedents. Did you know children, already others are copying this callow example? I've just had news that a group of pharmacists have decided to give away the bonuses they have earned by buying their goodies according to the systems set up by their kindly wholesalers. Not only their own bonuses, but yours and mine as well.

You don't get bonuses? Ssshhh. Really? You don't? Then you deserve to get them taken away. You have been very naughty to put service before money. Of *course* you have earned at least 5.44 per cent. Hardly any? Uncle Patrick and Uncle Gerald won't be able to go against the system I'm afraid, my dears, and since some of us have agreed to give back twice what you may get, you will just have to pay according to the scale.

What did you say? You at the back? Stand up when you speak to me! Wouldn't it be better for us to photocopy our statements and enclose them with the scripts to show the true amount of discount we get every month? Stupid child, if you did that you would be giving

up all the advantages of being tied to your favourite wholesaler, *and* giving up all the bonuses as well. You might as well scrap the whole discount operation. Good Lord, what have I said . . . Go to bed this instant! All of you. (With apologies to Kenneth and Muriel Callow, whom I commend from the bottom of my heart. They must be nice people.)

Blood money

Since my dispensing was reduced to half its former levels by leapfrogging, changes of surgery site, traffic regulations *et al*, I have come to consider my pharmacy as barely economic, averaging between 1,000 - 2,000 scripts a month. But I still make a living and get a return on my capital which is about the same gross as I would earn as a manager with my capital invested. I may have my worries, but then I have the pleasure of being my own boss.

Yet plainly there is a level of income below which this satisfaction would pall, so that I am surprised, greatly, to see Mr Spivack of London allege that there are many doing less than 1,000 scripts a month, with very little counter trade to support them — in London, which he considers not only uneconomic but non-essential.

In a city with 7 or 8 million people it would be surprising if there were not a few men and women locked into businesses which, once good, have declined economically because of circumstance beyond their control. They will go soon enough, through retirement and closure, for if they are not profitable, no one will buy them.

But to suggest that the present payment scales, which are the result of years of thought and negotiation, should be abandoned so that the profits of the big and successful should be increased, seems to me immoral. We are, or should be, concerned with the maintenance of a widespread pharmaceutical service — not just the maximum profitability of the most successful. It would however be interesting to have Mr Spivack show us the results of his survey, telling us exactly how many hundreds of pharmacies there are doing "500 scripts a month" and "less than a thousand".

If there were indeed a large number, it would surely present our Pharmaceutical Society with a noble opportunity to see if there could be instituted schemes for the release of our poor colleagues from their bondage with a series of sponsored amalgamations, and joint purchases of stock at current prices instead of leaving them to the final rout of self closure. ■



A "mock-up" of a pharmacy window display using material provided by Winpharm, some of which supports the pharmacist in his professional / counter prescribing role, the remainder their new pharmacy only Franolyn Expect — the

medicine is a derivative of the prescription only Franol "family". Additional posters for public display are available which advise the public to refer to the pharmacist first for advice on minor ailments (see also p88)

Hospital pharmacy computer conference

Nearly 100 hospital pharmaceutical officers and finance officers representing most UK area health authorities, attended Unichem's first conference on hospital pharmacy computers.

Speakers included Mr David Knowles, area pharmacist for Exeter and a member of the Pharmaceutical Society's working party on computers, and Mr David Thomas, district finance officer for South Derbyshire — the first area health

authority to take Pride.

Mr Thomas explained how he had to find ways of slashing Derbyshire's colossal drug bill at a time of threatened staff cuts and hospital closures and found Pride held the answer for effective drug stock control.

Talks were given by Mr David Walker, Unichem's management services director and Mr Brian Skelton, Pride project manager. Mr Walker said: "We were more than pleased with the number of delegates — especially as Unichem has only recently started supplying computers to hospitals and is just becoming known to health authorities." ■

Unichem members win draw prizes

Four television/radio/cassette recorders worth £125 each have been won by Unichem members who placed orders for Scholl sandals. The lucky draw was available to all Unichem members placing orders between January and March with one entry allocated for every 10 pairs ordered.

First prize was won by pharmacist Mr Gerald Paster of Radlett, Hertfordshire. The other three winners are L.H. Banks (Chemist) Ltd, Wincanton, Somerset; Newhaven Pharmacy Ltd, Newhaven, Sussex; T.W. Buchanan (Chemists) Ltd, Leven, Scotland.

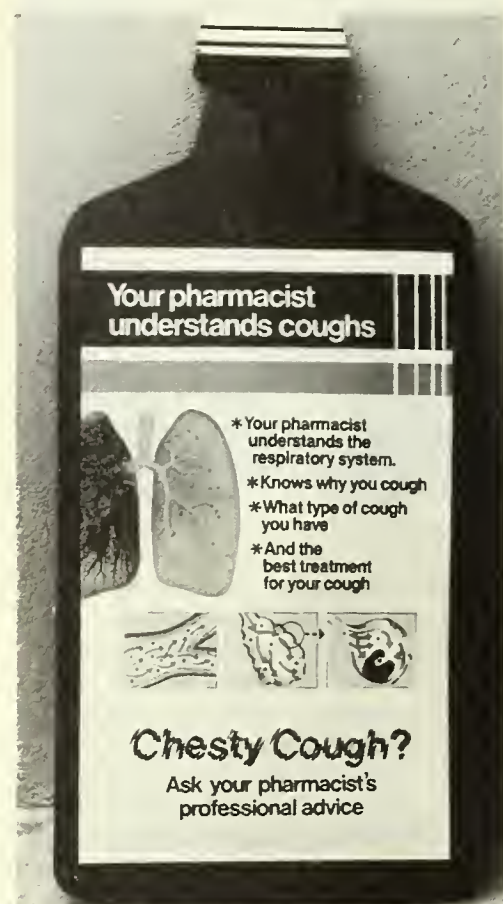
And another winning pharmacist is Mr Alan Rowley of Clay Cross who won the first prize of a £500 holiday voucher in a

Unichem/Gillette Foamy lucky draw promotion. The second and third prize of a £300 and £200 voucher went to P & P Hall of Kimbolton, Cambridgeshire and Patchem Ltd of Sanderstead, Surrey.

Members who ordered any quantity of Foamy were given one lucky draw entry and two entries if they ordered Gillette Foamy surf spray variant. ■



Pharmacist Mr Gerald Paster of Radlett, being presented with his prize in the Unichem/Scholl lucky draw by Mr Bill Jack, manager of the Willesden branch



May sales

Retail sales of all chemists rose by 5 per cent in May to an index of 145 (1976 = 100). There was a 7 per cent increase for sales of all businesses (index 160) and a 2 per cent rise for all small businesses. Large businesses showed a 10 per cent increase in sales (index 183) of which co-operative societies also improved by 7 per cent (index 157). Combined sales by chemists and photographic dealers increased by 11 per cent (index 160). NHS receipts are excluded. ■

HEALTH CENTRE NEWS

■ Approval is recommended for stage one of a health centre at Queens Park, Westminster for **North West Thames RHA**. Total cost will be £514,400.

■ Tenders are being invited by **Hampshire AHA** for the construction of a health centre at Havant, Hampshire. It will have accommodation for 21 GPs, and estimated cost is £1m.

■ **West Midlands RHA** is to start work in about four months on extensions to the Northfields health centre at Birmingham at a cost of around £500,000.

■ **Trent RHA** is to get approval for a pharmacy at Great George's Hospital at Long Leys Road, Lincoln.

Increase your business efficiency with the Vestric Microfiche invoicing programme. Our Computer Output to Microfilm process provides you with a full month's invoices on fiche a few days after the month end. If space is at a premium, you can have any of your past invoices copied onto Microfiche.

This revolutionary programme can also be used in conjunction with the Pharmex Drug Interaction Programme (D1-AL 300), giving concise descriptions of clinically significant drug interactions,

counselling advice and data on 300 commonly prescribed drugs.

Each drug profile indicates the Pharmex Warning Label(s) which are recommended for use with that particular drug. A new update of the fiche is sent to you every four months to ensure that the information you receive is relevant to the latest drugs.

If you'd like more information on an in-shop demonstration of any of the above services please complete the coupon or talk to Mike Dunk now on Runcorn (0928) 717070.

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Pharmacy-only 'expect' in counter-prescribing boost

Winpharm have launched Franolyn Expect, a pharmacy only cough expectorant based on the established prescription-only medicines Franol, Franol Plus and Franol Expect — the first of a new generation of adapted prescription products, which they say, are powerful, specific and right for pharmacy recommendation.

The launch of Franolyn Expect will be backed by a special campaign to promote pharmacy to the public and will include special window display material, posters and literature advertising this campaign, and not the product — the public will be urged to obtain professional advice from the pharmacist.

Mr Bernard Hardisty, managing director of Winpharm, explained his company's decision not to promote the new OTC product by advertising directly to the public using television and the Press or detailing it to general practitioners: "The recent trend has been for more and more people to consult pharmacists about minor ailments, thereby relieving the

categories: "The essentially 'folk' remedies and the combination products which were deprecated by the last BNF."

The Franolyn formulation contains guaiphenesin 50mg, ephedrine 9.5mg and theophylline 120mg in each 10ml dose.

Freedom from drowsiness is identified as an important aspect of this product and will allow any activities that require alertness but because of the stimulant effect of the theophylline it is suggested that the last dose be taken early evening.

The adult dosage is two 5ml spoonfuls and for children between seven and twelve years, one 5ml. The 110ml bottle retails at £1.15 and the special introductory bonus offers available from representatives will give "hefty trade margins to produce a built-in dispensing fee".

Mr Hardisty said that he saw no professional status for a pharmacist in selling a television advertised product on demand: "We will be stressing to the public the value of pharmacy and the invaluable contribution of the pharmacist too in health care." ■

per cent will often produce the required response

Contraindications Acute phase of psoriasis

Precautions Care should be taken to avoid application to surrounding areas of skin

Side effects A small proportion of patients initially experience slight toxic reactions to dithranol which is more likely to occur when potent topical steroids have been used. These effects are often transient and may be overcome by reducing the frequency of application to every second or third night for a few days or using a lower concentration

Pharmaceutical precautions Keep in a cool place and use within six months of opening

Packs All strengths as 8g sticks in a plastic container with twist-up base. Antraderm £2.22 trade; mild £1.96 and forte £2.48

Supply restrictions Antraderm mild — pharmacy only, Antraderm and Antraderm forte — prescription only
Issued July 1981

Meditar stick

Manufacturer Brocades (Great Britain) Ltd, Brocades House, Pyrford Road, West Byfleet, Weybridge, Surrey

Description A wax base containing 5 per cent coal tar as a stick in a plastic container

Indications Psoriasis and eczema mainly in chronic phases

Method of use Applied as a thin layer once or twice daily

Contraindications Not recommended for use in pustular psoriasis, infections of the skin or in patients allergic to coal tar

Precautions When used in conjunction with ultra violet light (UVB) treatment the tar should be removed before exposure.

Also use cautiously if exposed to bright sunlight

Side effects Coal tar can sensitise skin to ultra violet light

Packs As a 20g stick in a plastic container with a twist-up base (£1.85 trade)

Supply restrictions Pharmacy only
Issued July 1981 ■

Bisolvomycin stocks

Boehringer Ingelheim report that they are temporarily out of stock of both pack sizes of Bisolvomycin capsules, although some wholesalers will still be able to meet orders from residual stocks.

New supplies are expected in August, and a further announcement will be made as soon as the product is again available.
Boehringer Ingelheim Ltd, Southern Industrial Estate, Bracknell, Berkshire RG12 4YS. ■

PRESCRIPTION SPECIALITIES

Antraderm sticks

Manufacturer Brocades (Great Britain) Ltd, Brocades House, Pyrford Road, West Byfleet, Weybridge, Surrey

Description A pale yellow wax containing dithranol BP presented as a stick in a plastic container. Antraderm mild

contains 0.5 per cent, Antraderm 1.0 per cent and Antraderm forte 2.0 per cent

Indications For the topical treatment of subacute and chronic psoriasis

Method of use The tip of the wax stick is applied directly to the lesion, softens and a thin layer applied, preferably at night before bedtime. Dithranol will stain clothing and any excess may be removed by a morning bath. When treating very scaly lesions the debris should be removed first. Any purplish-brown stain taken up by the edge of lesion will disappear when the treatment is completed. Treatment is usually started with the 1.0 per cent stick but may be continued with the 0.5 per cent if irritation or stinging occurs. Alternatively, if the 1 per cent is insufficient or tolerance develops the 2.0



strain on the NHS — coughs and colds came top of the list in the latest surveys of opportunities to counter prescribe. Winpharm has responded to the public need for goods which the profession can supply with an entirely new kind of medicine based on sound pharmacological principals."

Mr Chris Barlow, Winpharm's scientific controller considers that cough treatments currently available for pharmacy sale polarise into two

COUNTERPOINTS

Liga relaunched and porridge babymeals

Cow & Gate have relaunched Liga rusks with new packaging designed in portrait or landscape form. The redesign brings Liga into line with Cow & Gate's new corporate image, which has already been established on their ranges of milks, meals and syrups.

The new packs will be 16's, 125g, (£0.45) and 24's, 200g, (£0.57). Both sizes come in outers of 24. C & G say the launch of the new style will be supported by advertising in specialist mother magazines and television advertising in a selected area.

Coinciding with the relaunch, a joint promotion has been arranged with Savlon baby care products. Savlon talc, lotion and shampoo will carry a collarette offering a free mail-in for three 10p-off Liga rusks coupons and Savlon soap,



babycream and nappy liners, will also carry a 10p-off Liga rusks voucher. The promotion will run until September.

C&G have also introduced "creamed porridge" to their range of Stage 1 and Stage 2 babymeals. Stage 1 is in 2 3/4 oz jars and comes in outers of 12 (£0.23 1/2). Stage 2, also in outers of 12, comes in 4oz jars (£0.26). Cow and Gate Ltd, Cow and Gate House, Trowbridge, Wilts. ■

Numark barkers

Numark are supplying two shelf barkers so members can highlight their other "value for money" products in addition to the monthly promotions.

Rigid shelf barkers (£4.95 for 20) are made from strong, white plastic and have two zinc-plated clips to fit shelf edge strips from 1 to 2 ins. The flexible barkers (£7.30 for 50) are also made in white plastic and will also fit 1 - 2 in strips. They have an adhesive attachment for shelf edges without stripping. Shelf cards (100 for £1.60), stack cards (100 for £1.85) and shelf barker cards (100 for £1.15) are also

available made of durable cardboard. All the barkers are printed in Numark blue and bright red. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU.* ■

Benylin forte pack

From the beginning of August the 125ml pack of Benylin fortified linctus will be supplied without the measuring cap. *Park-Davis & Co, Usk Road, Pontypool, Gwent NP4 0YH.* ■

Innoxia promotions

Innoxia offers available to stockists this month are extra large (125ml) moisture oil with Amalene in a plastic bottle presentation at the normal price of the 103ml size, and 11 shades of Spunsatin face powder mirror compacts at the special offer price of £1.95 (normally £2.30). The latter offer is supported by a counter merchandiser and headboard. *Innoxia (England) Ltd, 202 Terminus Road, Eastbourne, East Sussex BN21 3DF.* ■

J. Collis Browne's is alive and well –

AND DOING VERY NICELY THANK YOU.

The reformulation in 1977 has successfully achieved the objectives set out:-

- ★ The original Compound replaced by the new Mixture
- ★ Is now a normal pharmacy only medicine – no signature or prescription required
- ★ Previous concern of minority abuse potential now not applicable (see formula details below)
- ★ Retained efficacy and acceptability
- ★ Regained a sales growth with proper advertising support level



*Another
Guaranteed
Product
From*

**INTERNATIONAL
LABORATORIES**

Atkinsons join with Christy as a 'major force' in fragrances

In what they say is a bid to become a "major force" within the male and female fragrance market, Atkinson, the 180 year old Unilever-owned fragrance house, have signed an agreement with Thomas Christy for distribution and the establishment of a sales network.

The brands initially selected for the operation are English Lavender, Hurlingham and Executive for men, and Eleven and Indolence for women. The newly-launched Helietta collection — no details were available at the time of going to press — will also be handled by Christy.

Atkinson's say only "top

departmental stores and prestige pharmacies" are to be considered for the agency and according to Christy's sales director, John Smitherman, a base of 500 "top accounts" will form the distribution pattern.

An advertising campaign has been planned for individual brands using prestige magazines. Two of the biggest names in photography, Snowdon and Bailey, have been signed to handle the creative work. *T & E Atkinson Ltd, Distributor: Thomas Christy Ltd, North Lane, Aldershot, Hants.* ■

Cosmetic brushes from Leichner

Leichner are introducing a range of professional cosmetic brushes which come individually packed in see-through, re-usable wallets.

Available are an eye stick (£0.85) with a sponge-tipped applicator for powder eye shadows, eye brush and comb (£0.85), lip brush (£1.05), blusher brush (£1.15) and eye shadow brush (£0.95). The company has also recently introduced four new shades of high flying colour eye pencils (£1.45). The shades are zoom-in bronze, gold, purple and blue. *L. Leichner (London) Ltd, 202, Terminus Road, Eastbourne, East Sussex BN21 3DF* ■

Optique packs improved

Optique eye make-up for contact lens wearers and women with sensitive eyes, is currently the subject of packaging improvements. The cream eye shadow cartons now carry colour-coded labels to identify the seven shades, and viola shade has been reformulated in a slightly darker blue 'in response to consumer demand'.

Eye make-up remover and eyecare moisturiser will be repackaged in lightweight plastic jars, still with the same 60g capacity. *Cosmetics Optique Ltd, Distributors Richards and Appleby Ltd, Gerrard Place, East Gillibrands, Skelmersdale, Lancashire WN8 9SF.* ■

Suga Twin trial pack

A 50g Suga Twin trial pack size (£0.59) is being introduced to join the 100g pack and the 50 sachet box already available. The packs come 12 to a box. *Alberto-Culver Co. Ltd, Tedford Road, Basingstoke, Hants* ■

Christmas wrapping

Independent Chemists Marketing Ltd will again be offering Christmas cards, wrapping paper and carrier bags this year. The range comprises a display outer covering 72 cellophane packs of ten Christmas cards — (24p per pack), Christmas paper in cellophane packs of four sheets (40p) and flexographic Christmas paper in cellophane packs of 10 sheets — (49p). Christmas paper is available in 1 ream packs (480 sheets) retailing at 3p per sheet and Christmas carrier bags in packs of 100 (6p each).

A full colour order form, sent out with the July memo should be completed and returned to NPA wholesalers by August 14. Further additional order forms are available. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts.* ■

Maws trainer cup

Maws have introduced a 120ml trainer cup with a screw on cap (£0.60). Made of orange polycarbonate, the cup can be sterilised in solution, or by boiling, and the standard Maws feeder dust cover will fit over the trainer cap. *Ashe Laboratories Ltd, Ashtree Works, Kingston Road, Leatherhead, Surrey*



Major Milly is the latest recruit to the sergeant range of children's bathtime toiletries from Addis. The pink majorette is filled with strawberry-scented bubble bath (345ml, £0.82). Addis Ltd, Brush Works, Ware Road, Hertford

Keegan help for Fabergé musk

Fabergé have introduced a musk variant to their Brut range. To be launched with the help of Kevin Keegan, Brut 33 Musk (£1.80) is available as a 100ml "splash-on" lotion, displayed in a merchandiser carrying 12 packs. A free tester is included with each unit. *Fabergé Inc, Ridgeway, Iver, Bucks SL0 9JG.* ■

ON TV NEXT WEEK

Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	CI	Channel Is

All Clear:	All areas
Andrews Liver Salt:	All except U, E
Anne French:	We, U, B, A
Bic Lady Shaver Razor:	Ln, Lc
Colgate Dental Cream:	All areas
Elastoplast:	All except E, CI
Hedex:	All except U, E
Impulse bodysprays:	All areas
Immac roll-on	All areas
Limara:	All areas
Paddi Cosifits:	All areas
Parozone:	All areas
Pears shampoo:	All areas
Signal:	Lc, Y, Sc, B, G, E
Sunsilk hairspray:	All areas
Sure:	All areas
Sure for Men:	All areas
Ultrabrite:	All except M, A, Lc
Vosene:	All areas
Wet Ones:	All areas

COUNTERPOINTS

Summer make-up from Roc

Summer introductions by Roc include Tinted Sport cream, a foundation tint in two shades, natural and bronze (30ml, £3.75) which they say "gives a natural, lightly tanned look, and helps prevent dryness and dehydration whilst maintaining the skin's softness and suppleness." In mid-July an introductory size, sufficient for approximately two weeks will be available (10ml, £1.45).

For the eyes, Roc have introduced Mediterranean eye colour comprising mordoré, a bronze with golden highlights, and bronze, an olive/green powder eyeshadow together with ocean, a cream eyeshadow (all £3.75).

Also available are a new eyebrow pencil (£2.75) in grey, brown or black and for the lips there are 14 new formula lipstick shades ranging from subtle petal pink, through spicy burnt orange to dramatic fuschia. The lipsticks (£2.95), say Roc, are creamier and glossier containing ceresin and carnauba to give a smooth finish and vitamin B5 to protect the lips from dryness. *Roc Laboratoires UK Ltd, Avis Way, Newhaven, Sussex BN9 0JX.* ■

Toiletry ranges in French fragrances

Pour Homme and Tamango are now available as complete toiletry ranges. A shower gel (150ml, £6.95), soap (150ml, £3.95), spray or stick deodorant (75g, £4.95), shaving cream (100ml, £4.75) and shaving foam (150ml, £5.95) have been added to the Pour Homme range which comes in black and gold packaging with amber and frosted glass bottles and gold lettering.

White boxes embossed with a flower serve as the packaging for the Tamango body cream (150ml, £8.95), foam bath, deodorant (both 150ml, £8.95), and soap tablet (150g, £3.95). Advertising will appear in the women's Press during the pre-Christmas period and has been extended, the company says, due to increased sales. *Dean Warburg Marketing Ltd, 6 Old Bond Street, London W1.* ■

Arden's Autumn

A new intensity of colour is how Arden view make-up for Autumn and they believe they have captured this in the Collection with les Bijoux. It comprises two colour stories for eyes, cheeks, lips and nails, les Diaments and les Rubis.

They will be available from August 24.

Autumn's make-up palette from Elizabeth Arden includes warm earthen colours in four Bittersweet "looks". They are spiced romances — russets with sparkling gold lodens, amber reveries, comprising amber and glowing browns, Autumn bittersweets with dazzling reds and smouldering teals and scarlet memories of deepfire rubies and golden champagne. The new shades will be available from September. *Elizabeth Arden Ltd, 13 Hanover Square, London W1.* ■

Lancôme launches

Lancôme are to introduce a new rouge à lèvres satin lipstick range (£3.45) in October comprising 16 shades — eight creams and eight pearls.

At the same time they are introducing Double Finish (£7.85), a "two-in-one make-up that's a foundation and a powder in one product." Double Finish comes with a cosmetic sponge and powder puff and is available in five shades. *Parim Ltd, 14 Grosvenor Street, London W1X 0AQ.* ■

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good products for you and your customers

Active Ingredients: Vitamin B, Ph Eur, Calcium glycerophosphate, Potassium glycerophosphate, Sodium glycerophosphate, Manganese glycerophosphate

Parke-Davis & Co., Usk Road, Pontypool, Gwent NP4 0YH.

Further information and data sheet available on request. *Trade mark R81056

To boldly go where cleaner has gone

Now a completely new market opens up with the launch of New Steradent Fresh. For the first time ever a partial denture wearer can use a product specially formulated for *both* sets of teeth. And with over 7 million partial denture wearers in the U.K., that's a big and growing market!

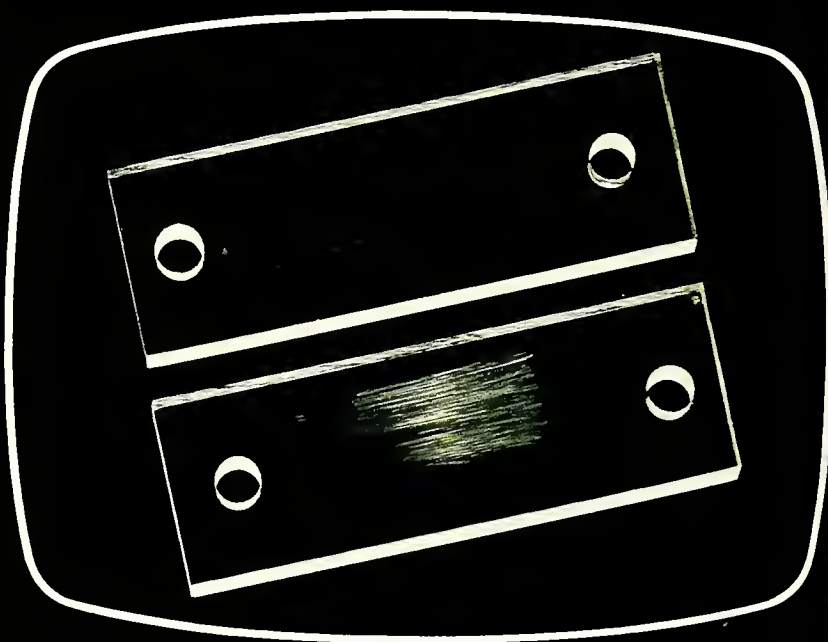
With such a breakthrough we're certainly not going to keep quiet about it.

**Over One Million Pound Launch.
And that's in the first six months!**

£670,000 TV CAMPAIGN.

A national TV campaign telling your customers about this major new product. After seeing the eye-

opening commercial they will be rushing into your shops for New Steradent Fresh.



The New Steradent Fresh TV advertisement where we show the viewer the damage that an ordinary toothpaste can do to dentures compared with New Steradent Fresh.



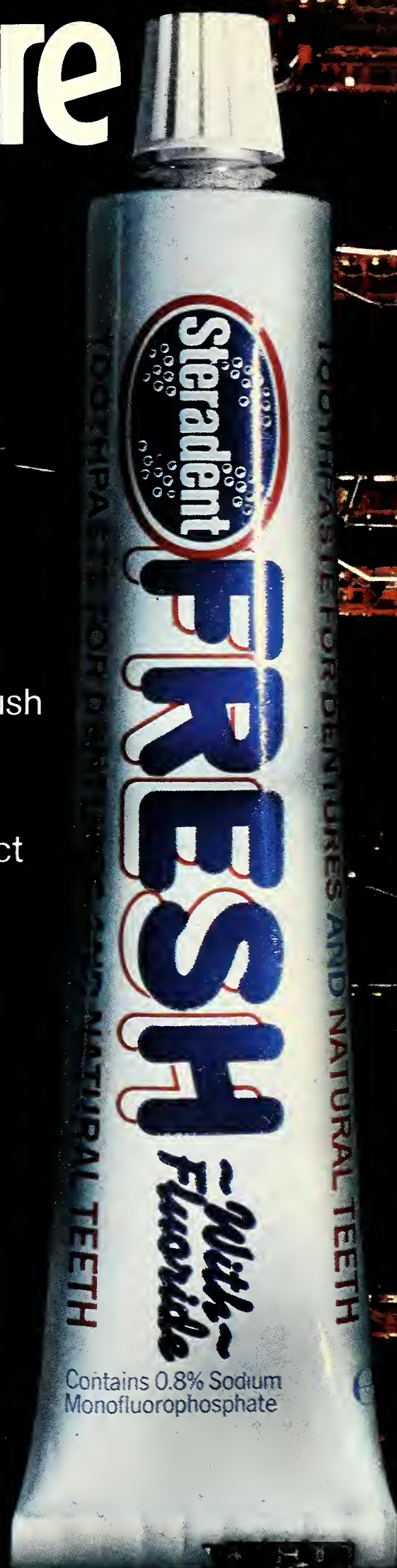
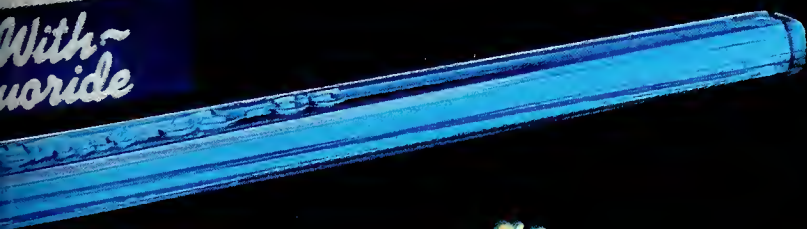
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carton lasts 16 days. Suggested retail price is £3.95. Now you can offer your customers a choice – SEATONE in the regular bottle or SUPER-STRENGTH SEATONE in the new handy pack.

This can mean just one thing. Even more sales.

Your support is a massive full-page, full-colour advertising campaign in publications such as Here's Health, Healthy Living, Yoga Today, Health Now, She, The Lady, Choice and others.

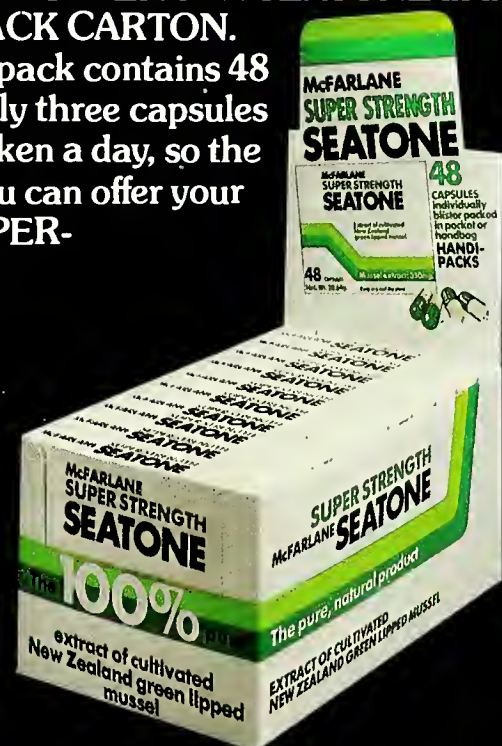
Are you ready for the new sales . . . and profits . . . this super-strong marketing programme will bring!

McFarlane Laboratories' SEATONE is already Britain's Number One selling brand of Mussel Extract. Health food stores and chemists are reporting growing sales and profits.

Now we're introducing the highest-strength pure mussel extract capsule available in the UK.

SUPER-STRENGTH SEATONE in a **BLISTER-PACK CARTON**.

Each pack contains 48 capsules. Only three capsules need to be taken a day, so the



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SEATONE is the only mussel extract in the world that is 100% pure. It's the only one that's guaranteed genuine. It's the only one that's 100% pure.



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Cardiovascular system: Part 1

The sixth in a series of articles by Mr B. W. Burt, Mr R. J. Greene and Dr N. D. Harris, Chelsea College, department of pharmacy, University of London.

Each day the average heart pumps about 7,000 litres of blood around the body. Little wonder that cardiovascular system (CVS) problems are so prevalent — in the West, myocardial infarction is the most frequent reason for emergency hospital admission, and cardiovascular disease is the commonest cause of death.

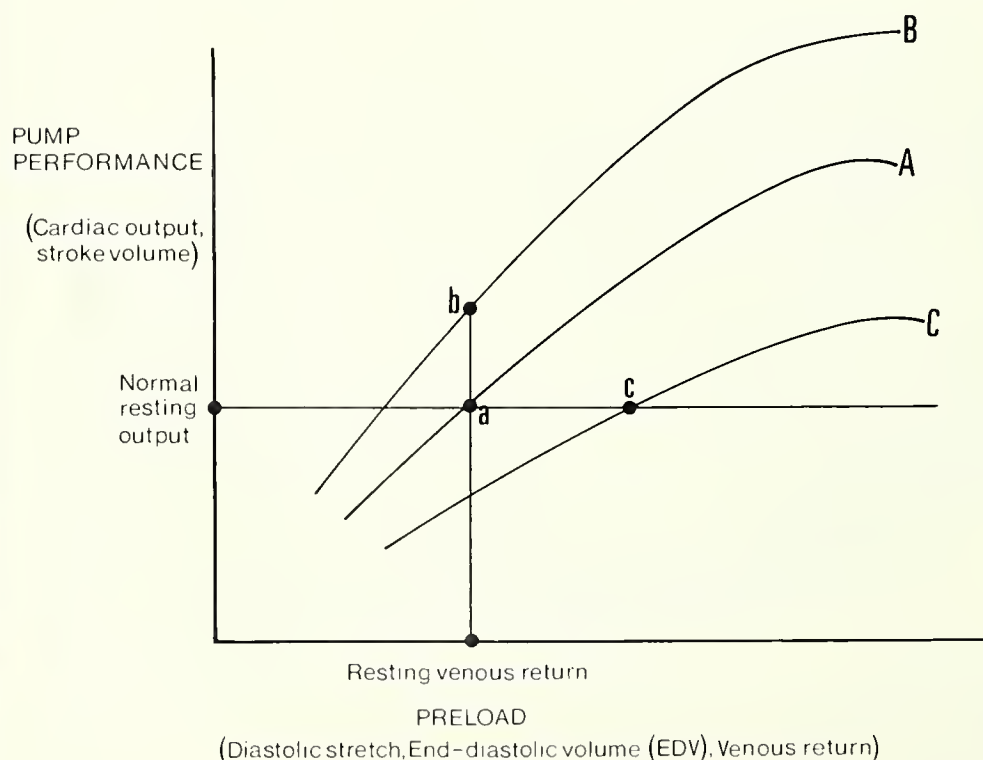
The incidence of ischaemic heart disease in particular is strongly influenced by social and environmental factors such as diet, smoking and perhaps exercise, but other problems, such as hypertension and heart failure, occur in all societies. Indeed, most CVS diseases are complex syndromes with aetiologies involving genetic predisposition and environmental risk factors. It does seem however, that although stress is generally harmful, psychosomatic factors play a much smaller part here than in some other groups of diseases.

In the next few articles we will be dealing with the principal diseases of the heart and circulation. Considerable advances have been made in recent years in the understanding and treatment of these diseases, and cardiology is gradually fragmenting into a cluster of sub-

specialities — angiography, haemorheology, renovascular medicine etc. Yet while management has probably much improved, the causes of, particularly, ischaemic heart disease and hypertension, unfortunately remain elusive.

Before we can discuss cardiovascular disease and its treatment, we must review the physiology of the CVS, and this will be the purpose of the present article.

Figure 1: Spring model of pump action
The spring is compressed (and held in place somehow). The potential force on release depends upon the degree of compression (preload) and the nature of the spring. The system is then supplied with an afterload, the spring released and the load ejected. Clearly the distance the load will be ejected (the pump performance) will depend directly on the preload and nature of the spring, and inversely on the mass of the load. The viscosity of the medium through which it is ejected and other minor factors are also involved



Haemodynamics

The current approach to understanding the CVS borrows from biophysics and fluid dynamics. In haemodynamics, the circulation is considered to be a system of pump, fluid and pipes (vessels), controlled by feedback loops. To move fluid along a pipe requires a pressure gradient; work is done by the pump to overcome resistance due to wall friction and fluid viscosity. The pressure gradient is a measure of this work and on it will depend the rate of flow of the fluid. Clearly, if the cross-sectional area of the pipes is reduced, more work will be required for the same flow rate, because the speed of flow in each pipe will need to increase, and hence wall friction will increase. Put another way, the same flow rate will require a greater pressure gradient. These factors are related in the following way:

$$\text{Flow rate} = \frac{\text{Pressure gradient}}{\text{Vessel resistance}} \quad (1)$$

If we substitute the terms blood pressure (BP) for pressure gradient, peripheral resistance (PR) for vessel resistance and cardiac output (CO) for flow rate, the equation becomes the familiar:

$$\text{Cardiac output} = \frac{\text{Blood pressure}}{\text{Peripheral resistance}} \quad (2)$$

This equation reveals a number of important relationships. For example, it shows that the cardiac output needs to rise to maintain BP if resistance is unchanged; that BP will rise if output rises under similar circumstances; and that BP can be expressed as the product $\text{CO} \times \text{PR}$.

Tissue perfusion

The function of the CVS is to maintain an adequate flow of blood through the body tissues at all times, and this is achieved by maintaining the pressure gradient. At rest in the normal animal, the BP is usually higher than the minimum required because most vessels are partially constricted by the predominant sympathetic nervous tone. Why does the heart have to do this extra work? Herein lies a key to the flexibility of the system. By selective adjustment of vessel calibre in different organs, controlled both locally by oxygen lack, and centrally by the vasomotor centre, blood can be continually re-directed to areas of greatest need without changing either the systemic BP or the cardiac output. This differential local perfusion of tissues can only occur if some vessels can dilate beyond their resting state whilst others constrict. If all were normally maximally dilated, the only way to increase the flow rate would be to increase BP and hence cardiac work.

Despite these important local perfusion variations then, systemic BP is maintained more or less constant. A more general increase in perfusion requirements is usually heralded by vasodilatation and the resulting pressure fall will bring about a reflex stimulation of the heart to raise the cardiac output and so maintain BP. There will usually also be centrally mediated vasoconstriction in less important areas such as the skin and gut, so that the principle of conserving cardiac reserve by re-directing flow is still exploited. Of course, if there is sufficient need, for example, in strenuous exercise, the BP may need to be raised temporarily to increase total systemic perfusion.

Pump performance

Three main variables determine the performance of a pump: (1) its priming with fluid, the *preload*; (2) the resistance against which it has to force fluid, the *afterload*; and (3) its inherent power, called, in muscle, *contractility*. By analogy with a spring, the preload is the degree of compression, afterload is the weight to be lifted by the spring, and contractility is the inherent elasticity (figure 1).

On this analogy, preload and afterload are variable, but contractility is a system constant, dependent on the construction of the spring, the type of metal, its length, etc. Thus the performance is improved by increasing the preload, and impaired by increasing the afterload. The contractility is the constant relating these variables in the following relationship:

Pump Performance =

$$\text{contractility} \times \frac{\text{preload}}{\text{afterload}} \quad (3)$$

Applying this to the CVS, we are concerned primarily with the ventricles, since these are the chambers that do the main work. Clearly the pump performance is the cardiac output, or the *stroke volume* of a single ventricular beat, and the afterload is the peripheral resistance.

The preload requires a little more explanation. It depends on the important property of all muscle tissue, of developing a force of contraction in proportion to its prior stretching, ie its length before contraction. Thus the heart's preload depends directly on the volume of the ventricle at the end of relaxation, the *end-diastolic volume* or EDV. This in turn depends on the volume of blood entering via the atrium from the veins during diastole, ie the venous return. It is thus a reasonable simplification to say that preload equals EDV or venous return. Thus equation (3) may be rewritten, for a single beat, as (4); or in terms of flow rates assuming heart rate remains constant, as (5)

Stroke volume =

$$\text{contractility} \times \frac{\text{End diastolic volume}}{\text{Peripheral resistance}} \quad (4)$$

Cardiac output =

$$\text{contractility} \times \frac{\text{Venous return}}{\text{Peripheral resistance}} \quad (5)$$

Thus the heart has an intrinsic regulatory function on the circulation. Should venous return, and hence EDV, increase, for example from increasing peripheral muscle activity, the force of contraction and hence cardiac output is directly increased. The system tends to an equilibrium in which cardiac output always equals venous return, so that moderate changes in perfusion requirements can be automatically met without the need for autonomic intervention. For this reason it is sometimes said that the venous return is the principal controller of cardiac output.

This relationship between diastolic stretch and pump performance is the basis of the well-known Starling's law of heart

(although a similar relationship holds for all muscle tissue). It is often represented by a curve which relates parameters of pump performance such as cardiac output, stroke volume, or even blood pressure if peripheral resistance remains constant — see equation (1) — to parameters of preload such as diastolic stretch, EDV or venous return (figure 2). The effect of a change in contractility is to alter the performance for a given preload, so a family of curves can be drawn, each representing a different contractility.

It is important to stress that the spring analogy breaks down when we consider the sources of energy for contraction. Clearly the spring's potential energy comes entirely from that expended in preloading (compressing). In the heart, diastolic stretch is almost passive, and the

Continued overleaf

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energy for contraction comes from cardiac metabolism. Nevertheless, the overall effect of final power being proportional to the degree of initial deformation still holds.

Factors affecting pump performance

Contractility Another difference between simple physical models and the heart is that heart muscle contractility can change. In this the heart differs also from other muscle in the body. The main determinants of contractility are oxygen

(ie coronary blood) supply, hormones and autonomic transmitters, such as adrenaline and acetylcholine, and of course drugs. Sympathetic tone, adrenaline and thyroxine increase contractility, hence will increase the stroke volume, cardiac output and BP for no increase in venous return or reduction in peripheral resistance. This is called a *positive inotropic* effect. The opposite results from parasympathetic (vagal) tone.

In the long term, hypertrophy of heart muscle will also increase contractility. However, as we have seen, small increases in circulatory demands are normally managed by either local vasomotor control or small rises in venous return

(from increased muscular activity). Only larger demands need to be met centrally by the sympathetic nervous system via the vasomotor and cardiac centres of the brain. Figure 2 shows the effect of contractility on pump performance, and figure 3 shows how the various factors are inter-related.

Preload What factors influence the preload? Since it normally depends entirely on the venous return, we must introduce the idea of "pressure for venous return" or *filling pressure*. This is, roughly speaking, the hydrostatic pressure of blood entering the right atrium and is usually about 10 mmHg. It is this pressure which causes the flow of blood from the great veins to the right ventricle. It is usually measured as central venous pressure (CVP).

Three main factors affect filling pressure. Firstly, the *blood volume* is crucial, small changes having a direct effect on venous return. To some extent such changes are buffered by the relatively distensible venous vessels. Nevertheless, the pressure within the venous system changes and this affects the venous return. The resulting changes in preload promote proportional changes in cardiac output and blood pressure. Thus it can be seen how the *kidneys* have such a crucial role in the control of blood pressure — via alterations in renin, angiotensin and finally aldosterone secretion, they control fluid re-absorption and hence blood volume. (This mechanism is of greater physiological significance than the direct vasoconstrictor effect of angiotensin).

Secondly, the *venous tone* is important to filling pressure, and this is under

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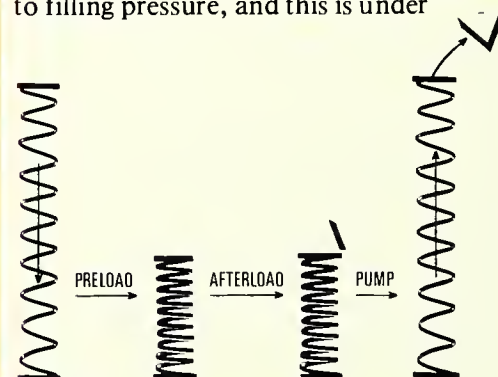


Figure 2: Pump performance curves (Frank-Starling)

Note that the relationship is almost linear with physiological limits, but as the heart muscle becomes overstretched the curves reach a maximum. Heart failure will ensue if the heart is driven past this point. Curve A represents normal contractility. Point a is the resting cardiac output equalling the resting venous return. Sympathetic stimulation or, in the long-term, cardiac hypertrophy, will increase contractility to give curve B — note the improved output for no change in size (point b). Curve C represents the heart under vagal inhibition, or perhaps ischaemic and failing — normal output requires an increased size (point c), much nearer the working maximum, so that there is little cardiac reserve

autonomic control. Veins are less muscular, and have fewer receptors, than arteries, but they too can be and are selectively constricted or dilated. Venoconstriction increases filling pressure and so rapidly and effectively increases venous return and hence cardiac output. This is an important physiological response to rapidly increased circulatory demands. Likewise, profound venodilation is a factor in the low cardiac output of shock states. Recent advances in our understanding of the importance of venous tone have, as we shall presently see, provided a new means of treating some CVS pathologies, as well as an explanation for traditional treatment.

Finally, we have already seen that merely increasing muscle activity, without venoconstriction, will increase the return of blood to the heart, and the peripheral "muscle pump" is another normal physiological mechanism for increasing cardiac output.

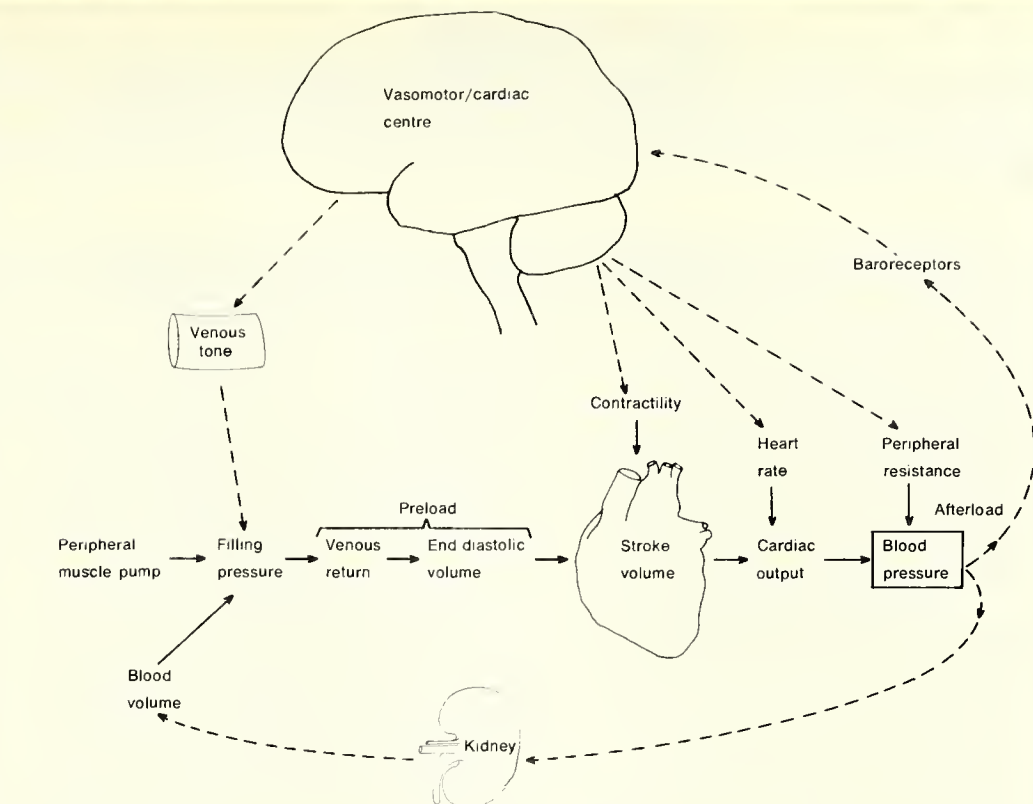
Afterload is mainly influenced by the arterial tone or peripheral resistance, and is reflected by the diastolic blood pressure. In some conditions blood viscosity is increased, notably where there is an increase in the proportion of cells, eg, polycythaemia, and this too represents an afterload increase. Although reduced haemopoiesis due to bone marrow depression has the reverse effect, this is of less pathological significance than the increased cardiac output (and hence cardiac work) needed to compensate directly for the anaemia.

Heart rate We have so far considered cardiac output as a single variable, but of course it is determined both by stroke volume and heart rate. This represents yet another compensatory option for the CVS — the cardiac output can be changed merely by changing the pulse rate, without changes in stroke volume. Generally, a *chronotropic* response (heart rate change) will be effected centrally, and an *inotropic* response (increased contractility or stroke volume) both centrally and in response to changing venous return by the Starling relationship.

Myocardial oxygen consumption

The energy expended by the heart in pumping blood, ie, the external cardiac work, is equivalent to the product: *cardiac output* \times *blood pressure*. Ideally, the oxygen consumption would be directly proportional to work done; however, two factors complicate this.

Firstly, volume work is more efficient than pressure work — it requires proportionately less oxygen to increase stroke volume (and cardiac output) against a fixed BP than it does to maintain cardiac output against an increased BP. This is because in developing tension without changing length (isometric contraction) energy is lost in overcoming internal resistance. This is why heart failure or angina develop more rapidly



from pressure overload, such as hypertension, than from volume overload, such as fluid retention.

Secondly, as heart size increases, eg in developing heart failure, more muscle tension is required to overcome the same BP with the same stroke volume. (This is the law of Laplace and will be dealt with in more detail in the next article.) Thus the heart is *more efficient at a smaller size*.

In different conditions, then, myocardial oxygen consumption will vary even for the same output and pressure. More accurately:

$$O_2 \text{ consumption} = \text{time in tension} \times \text{maximum muscle tension} \times \text{contractility} \quad (6)$$

and if contractility remains unchanged:

$$O_2 \text{ consumption} = \text{heart rate} \times \text{blood pressure} \quad (\text{"rate-pressure product"})$$

The rate-pressure product is often used in trials of drugs intended to reduce myocardial oxygen consumption, since the variables are easy to measure. However, comparisons using this index can only be valid for small changes in either variable over short periods of time. We will see in subsequent articles the importance of attempting to reduce myocardial oxygen consumption.

So far we have discussed oxygen demand, which in a healthy heart is usually met by supply. We must emphasise here the principal limitation on oxygen supply, which is the coronary blood supply. The inner few mm of the myocardium do receive some oxygen from the blood actually in the heart chamber; but most oxygen is obtained from coronary blood, and only during diastole because most blood is squeezed out during systole, especially from the most compressed inner layers.

Clearly, no matter what stimulus the heart receives to increase contractility, it cannot respond without increasing its blood supply. This explains the crucial

Figure 3: Summary of factors affecting cardiovascular function

This shows the inter-relationships of the various determinants of cardiac performance (solid lines) and the main renal and central feedback loops and control paths (broken lines)

significance of impaired coronary perfusion in atherosclerotic (ischaemic) heart disease. Myocardial ischaemia results from oxygen supply failing to meet demand, with the net effect of reducing contractility.

Summary

- The main function of the CVS is to maintain adequate tissue perfusion. This depends on an adequate cardiac output and an adequate blood pressure.
- Small, local variations in perfusion demand are managed by local vasodilatation, mediated principally via oxygen lack.
- Large variations in perfusion requirements are promoted initially by increased venous return.
- The heart's contractile power and hence performance (cardiac output) is determined principally by its preloading, given by filling pressure or venous return, and its contractility mainly by autonomic control. The performance this power produces is limited by the afterload (peripheral resistance). Normally, cardiac output equals venous return.
- Preload varies with blood volume and venous tone; and afterload with arterial tone and hence blood pressure.
- Contractility is enhanced by hypertrophy of heart muscle, and limited by coronary blood supply.
- Myocardial oxygen demand is determined generally by cardiac work, ie, cardiac output and blood pressure, but depends also on the efficiency — the larger the heart, the less efficient it is. ■

Parallel importing & NHS remuneration

I greet the news (*C&D* July 4) that Government, Parliament and the pharmaceutical industry have their knickers in a twist over parallel importing with cynical amusement. Amusement since it has been obvious to anyone who knew anything about the industry and who had read the Treaty of Rome that events would unfold as they have. Cynicism since when I drew attention to the matter many years ago almost no one believed me.

My cynicism was recently reinforced when my sporting offer to assist the relevant EEC committee in their deliberations in return for expenses and a share of the smoked salmon and champagne was declined. In April 1975* I made the following points:

(a) Due largely to the monopsonic position occupied by the DHSS, drug prices were lower in the UK than in the rest of Europe by a factor of up to two or three, except for Italy where there is no patent protection for drugs.

(b) Under pre-EEC business and trade arrangements it was normal for manufacturers, when selling to the British market, to impose, as an enforceable condition of sale, that the products could not be exported without the express permission of the seller (ie the manufacturer could legally partition the market and maintain price differentials between home and export sales).

(c) Section 85 of the Treaty of Rome expressly forbids partitioning of the market as in (b) above, and the judgment of the European Court in the Centrafarm case firmly rejected the possibility of patent or trade mark law being used to partition the Common Market. In subsequent correspondence the European Commission stated that the market partition was contrary to the letter of the Treaty of Rome and was also contradictory to its purpose.

(d) A consequence of confirmed EEC membership would be a major increase in UK drug prices, since the elimination of price differentials was the only method open to the drug companies of ensuring that they could retain control of the European trade and prevent third parties from buying their products in the UK and themselves exporting them to Europe.

(e) An unavoidable effect of the rise in the UK drug price level would be a deterioration in the terms of trade for pharmaceuticals to the detriment of the UK balance of payments.

In a letter dated December 12, 1974, to Mr Roger Moate MP, the then Minister of State at the DHSS, Dr David Owen MP, Completely rejected my arguments. He

thought my facts wrong and my interpretation of the Rome Treaty erroneous.

All of this is in fact highly relevant to retail pharmacists. In a lengthy and authoritative survey in January this year "International Opportunities in Pharmaceuticals" Messrs Wood Mackenzie, stockbrokers, wrote: "Although smaller than many of the other European markets, the UK drug market has been extremely favourable over the last 5 years. The value of the "ethical" drug market has risen at an annual rate of 22½ per cent, while the market for household medicines has risen at about 17 per cent a year.

This apparent buoyancy, however, is strongly influenced by price increases. Whereas the retail price index rose 66 per cent between 1975 and the end of 1979 pharmaceutical prices increased by 90 per cent during the same period. *In this respect the UK market is unique since in all other major markets pharmaceutical prices have tended to rise much less than the general level of inflation*" (my italics).

Retail pharmacists are being forced to pay a substantial price in assisting government to partially offset inflation in drug prices — an inflation largely brought about as a consequence of the action of government. In 1973 the average gross profit on NHS dispensing was 26.3 per cent. No-one knows what it is today, probably about 19 per cent.

C.J. Fell

Newport, Essex

**Pharmaceutical Journal*, April 26, 1975

Computer group?

I would like to propose the formation of an association for pharmacists who use computer technology, irrespective of what system or branch of pharmacy is represented.

A useful function would be to form an independent user group for information and idea exchange. Another function could be help and advice for the first-time user.

I would be prepared in the first instance to help organise such a group. If anyone is interested would they please contact me at home on Rotherham (0709) 893995.

M.J. Valentine

133 Merrill Road

Thurnscoe, Rotherham

South Yorkshire

New discount 'dips' and 'flats'

On receiving details of the new discount scale I was pleased to see it based on net ingredient cost rather than on the number of prescriptions, and so follow the direction of the motion accepted at this year's LPC conference regarding the discount and on-cost scales.

However, after examining the scale I realised it is unworkable and, in addition to replacing the original "big dipper" by two (albeit one of them a small dip), it has created another anomaly which was completely unexpected. This is that with an average NIC of £2.60 (the average figure for London, March 1981) then regardless of the number of scripts dispensed between 1,000 and 7,500 the tables always produce approximately the same on-cost profit of £480, apart from the range 4,000-6,000 scripts when it is approximately £380.

As the majority of pharmacies dispense between 1,000 and 4,000 scripts it would appear that for these contractors there no longer exists an on-cost, but rather a flat payment of approximately £480 regardless of the number of scripts dispensed. This is tantamount to the on-cost being completely removed and the basic practice allowance being increased, not to £200 a month but to £680.

The new discount scale has the effect on remuneration that, over 1,000 scripts per month, extra profit is gained solely from the professional fee.

Alan Spivack

London N3

C&D published articles on the "big dipper" from Mr John Iles and Mr Spivack early in 1980 — Editor.

Professor Norton says 'thank you'

The evening of July 10 was a most memorable occasion for my wife Barbara and myself when we were privileged to be feted by so many past students, associates and friends, most of them having travelled long distances to honour us. I have been overwhelmed by the generosity shown to me in my forthcoming retirement and by the very many messages of goodwill received from others who could not be present.

With the *Chemist & Druggist's* cooperation may I convey my sincere thanks to everyone concerned and record a special word of thanks to my colleagues at the University of Bath not only for their impeccable organisation of my "valedictory evening" but also for their many years of splendid cooperative effort in the development of the school of pharmacy and pharmacology.

Professor D.A. Norton

University of Bath

'Harassment of tenants' leads to striking-off

A pharmacist who went to prison for harassment of tenants and damage to property in flats in Sale, Cheshire, was ordered to be struck off the Register last week.

The Pharmaceutical Society's Statutory Committee heard that Mr Victor Harari, of Mereside Road, Mere, who runs a pharmacy at Wilmslow Road, Fallowfield, Manchester, had been sentenced to six months imprisonment in January after pleading guilty to offences of harassment, unlawful eviction and damage to property at Northenden Road, Sale, in August and November 1979. The Committee was told that Mr Harari was also convicted in March 1980 of assault on a Miss Juliana Chan, who was living in one of the flats when the damage occurred, and was fined £250.

Mr Josselyn Hill, for the Society, said Mr Harari's wife had contracted to sell the large Victorian house which was let to

various people who were legal tenants. It was planned to demolish the house and re-develop the site and efforts were made to get the tenants out by various means.

"As the date for completion of the purchase by the development company drew nearer, these means became fiercer with threats, unlawful changing of locks, putting tenants' belongings out of their flats and eventually on November 16, 1979, by the destruction of fittings, doors, windows and contents by a gang with Mr Harari there," said Mr Hill. He added that Miss Chan was in her boyfriend's flat and tried to prevent the gang entering but got trapped in the door by Mr Harari and she was injured.

Mr Harari told the Committee that the flats were only suitable for single occupation but as many as 29 people had been found living on the property by his wife when she collected the rents of the five flats. He denied assaulting Miss Chan

and described her as a trouble-maker.

He had pleaded guilty to the three offences arising from the visit to the flats after his solicitor reached an agreement with the prosecution that no proceedings would be taken against his wife on similar charges. Mr Harari said he alone broke some of the windows, bathroom fittings and banisters at the flats to prevent the upper floor being used by squatters.

The Committee chairman, Sir Stanley Rees, said the committee was entirely satisfied that the convictions for assault on Miss Chan and the harassment and damage to property rendered Mr Harari unfit to have his name on the Register.

'Blatant' advertisement

A full page display in the *Oxford Star*, announcing the opening of a pharmacy at Cowley Road was condemned as blatant advertising of dispensing and professional services.

The Committee decided that the advertisement by G.K. Chemists, published in February 1980, was plainly in

Continued on p102



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Chairman's warning: check advertisements

breach of the code of conduct and that the superintendent pharmacist, Mr Gustave Kiamtia, and the pharmacist-in-charge Mr Clive Jolliffe, were guilty of misconduct. Both were reprimanded.

Miss Katrina Wingfield, for the Society, said the advertisement contained the word "chemist" no fewer than 11 times and the words "dispensing chemists" twice. It also featured a photograph of Mr Jolliffe, apparently standing in the dispensing area with the word "dispensing" in large letters above him.

She said the statement on advertising by the Society's Council permitted a discreet announcement of the opening of a new pharmacy or of transfer to a new address. But it deprecated the appearance of photographs of pharmacists and any editorial matter in support of the advertisement.

Mr Kiamtia, of Horsham Crescent, Kingston Road, Swindon, said his company had acquired over 40 retail shops, mainly in the West Country and Wales over the past 18 years. He had never paid for any kind of newspaper advertising until the Cowley Road shop was opened in October 1979.

His business manager suggested the idea of advertising the new premises and Mr Kiamtia agreed on condition that he approved the final draft before it

appeared in the newspaper. He added that he never saw that draft and was horrified when the advertisement appeared.

Mr Jolliffe said he checked with Mr Kiamtia before he agreed to co-operate in the advertising and also told the newspaper to check with Mr Kiamtia about the editorial they intended to include in the display.

Mr Kiamtia was also found guilty of misconduct as a result of the conviction at Swindon Magistrates Court, in May 1980, of Gosmark Ltd, a wholesale pharmacy company, of which he is managing director, for selling pharmacy medicines to a drug store.

The Committee was told that Gosmark was fined £50 and ordered to pay £50 costs.

The chairman, said the advertisement was accepted by Mr Kiamtia and Mr Jolliffe as being in breach of the code. The size, colour and layout of the display had been properly described as an example of blatant advertising.

"I can only repeat that it is absolutely essential that any undertaking by any newspaper official to permit a pharmacist to check the final proof of an advertisement in advance should not be accepted and certainly no payment made for the advertisement before a final check is made," said Sir Stanley.

the mistakes to occur.

The Committee chairman, Sir Stanley Rees, said that although they did not consider dishonesty arose in this case they regarded the matter as very serious misconduct on Mr Randall's part.

The Committee reprimanded a pharmacist who stole cash while relief manager at pharmacies in Middlesex.

Mr Godfrey Allen Kaye, 43, of Bushey, Herts, said he was still unable to explain why he committed the offences which led to his conviction at West Ealing magistrates court in February, 1979, when he was conditionally discharged and ordered to pay £100 compensation.

Miss Susan Wood, personnel manager, of R.J. Dawe (Chemists) Ltd, said Mr Kaye was employed as relief manager at the firm's Park Parade branch at Hayes from October to Christmas 1978. In January, 1979, he transferred to another branch at Northolt. After a few days, a senior sales assistant reported seeing Mr Kaye taking cash from customers and putting it in his pocket. When a security firm arranged for test purchases to be made in the shop, Mr Kaye pocketed the money given to him on each sale.

He later admitted having stolen money by not ringing up purchases in the till at Northolt, and also said while he had been employed at Park Parade, he had often opened the shop at 8.30am instead of 9am and pocketed all the takings in that half-hour. He said he had probably stolen about £500 from various shops, said Miss Wood. But in a statement to police, Mr Kaye would only admit to stealing £100.

Detective Constable Christopher Pierce said that when arrested, Mr Kaye said he could give no reason for taking the money but supposed it could be "testing the security" or "for kicks."

His counsel, Mr Leonard Krikler, said Mr Kaye was ashamed that he had let himself, his family and his profession, down. The offences were utterly inexplicable and, to this day, he was incapable of offering any explanation.

Unlawful sale

The Committee reprimanded Mr David Llewellyn Morgans of Dundonald Avenue, Abergele, following two convictions at Abergele for unlawful sale of medicinal products not on the General Sale List at his Market Street pharmacy in August 1980. Magistrates had fined him £60 on each count and ordered him to pay £50 compensation.

Mr Graham Pickup, a Society inspector, said he arranged for an agent to visit Mr Morgans' pharmacy where she purchased a bottle of Gee's linctus and a large packet of Codis tablets in the absence of a pharmacist. As a result of a telephone call, Mr Morgans returned to

Concluded on p104

Roche men given Valium substitute

A Chalfont St Peter pharmacist dispensed cheaper substitutes for Valium tablets to two employees of Roche Products, the Committee heard.

Mr Peter Randall, superintendent pharmacist and principal shareholder of Richard Adams Chemists, of the Broadway, was reprimanded after admitting that other diazepam brands were dispensed on two prescriptions which called for Valium.

The Committee was told by solicitor Mr Josselyn Hill that the substitution of one drug for another was liable to be dangerous and if the substitution was of a cheaper drug there must be financial gain for the pharmacist.

Mr Sidney Redfern, of Monument Lane, Chalfont St Peter, said he was prescribed Valium tablets by his doctor in December 1979. His wife took the prescription to Richard Adams who supplied her with a container labelled Valium but which contained another make of diazepam. Mr Redfern, who at the time was deputy marketing director of Roche Products, said he saw Mr Randall

at the pharmacy 10 days later and asked if he was out of stock of Valium when the prescription was dispensed. The pharmacist said he was not and added that he could give no explanation for the mistake. Mr Hill said the second prescription was dispensed for a medical representative of Roche Products in April 1980.

Mr Randall told the Committee that he was manager of the pharmacy for five years until he took over the business towards the end of 1979. At the time the errors were made he was handling around 3,500 prescriptions a month and must have failed to check the prescriptions after they were done by a dispensing assistant.

After receiving a letter of complaint from the legal department of Roche Products he made inquiries of his staff but was unable to discover who was responsible for the first dispensing error.

Mr Randall said he was unaware of the second mistake until July 1980. He then realised that the Valium tablets were being stored close to two generic preparations in the dispensary and this could have caused



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E & O E

Pharmacy owner receives warning

the shop a few minutes later and explained that he had been at home attending to his daughter who was ill.

Another inspector, Mr Anthony McDermott, said Mr Morgans ran two pharmacies in the town at Market Street and Kinnell Avenue at the time of the offences. The Market Street premises had since been closed and his other shop was now managed.

Mr Morgans told the Committee that he had received a telephone call from his wife to say that his daughter was very ill. He hurried out of the shop without adequately warning his staff and was at home for about 20 minutes when he received a call to return.

Cross-examined, Mr Morgans agreed that at the time he also ran an optical business, a coffee shop, a toiletry shop and an antique business as well as the two pharmacies. But, he added, ill health had since forced him to put most of those businesses up for sale and he now worked at the Kinnell Avenue pharmacy for only half a day each week.

The Committee adjourned for twelve months its decision in the case of a Manchester pharmacy which allowed the unlawful sale of two medicines. A director

and principal shareholder, Mrs Betty Langton, of Willow Court, Willow Bank, Fallowfield, was told to consider very carefully how she controlled and managed the business known as Langtons Chemists Ltd, John Dalton Street, Manchester, in future.

The Committee decided to take no action against Miss Maureen Devlin, the superintendent in October 1980 when a Society inspector was sold some travel sickness tablets and Panadeine tablets by Mrs Langton in the absence of a pharmacist.

At Manchester Magistrates Court Mrs Langton and the company were each fined £5 on each of two charges of unlawfully selling a medical preparation not on the General Sale List.

Mrs Langton told the Committee that she had nearly 40 years' experience in retail pharmacy, although she was not qualified. She knew that the products should not have been sold in the absence of a pharmacist. Miss Devlin said she was not aware that Pharmacy Only medicines were being sold on Saturdays when she was absent. She had since left Langton's.

Struck off but . . .

The manager of a Lowestoft pharmacy was able to practise as a pharmacist for nearly four years after he was struck off

the Register for non-payment of fees, the Committee was told.

It was only a routine check by the wages department of National Cooperative Chemists Ltd in Manchester which revealed the fact that Mr Robertson Wyllie Cairns, of Waterloo Road, Lowestoft, was unlawfully using the title of pharmacist between 1975 and 1979.

Mr Alan Smith, for the company, said Mr Cairns escaped detection by his employers, the Society's law department and their inspectors because he failed to return his certificate of registration.

Mr Cairns was subsequently convicted at Lowestoft Magistrates Court of unlawfully using the title of pharmacist and dishonestly obtaining a pecuniary advantage by deception; he was fined a total of £60 and ordered to pay £20 costs.

The Committee took no action against his employers and the superintendent pharmacist and decided that Mr Cairns' name should not be restored to the Register until the Committee otherwise directed.

The chairman said it was plain that the company and superintendent relied on the fact that Mr Cairns was exhibiting his certificate throughout the four years and that the pharmacy was being inspected at regular intervals by the Society.

Also the year Mr Cairns joined the company the Society was putting its records on computer and the annual list of those erased from the Register was not published.

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CIA warns of mass-exit from UK over HSC plans

Many chemical companies would cease manufacture in the UK if proposals by the Health and Safety Commission on the notification of new substances are put into force, and those that stayed would face escalating costs says the Chemical Industries Association.

The HSC proposals are intended to implement an EEC Directive, but were heavily criticised at the time of their publication because they went beyond the EEC requirements (*C&D*, February 28, p409). CIA have now formulated detailed objections and counter proposals to HSC's report and conclude that HSC has "lost sight" of the main object of the Directive and have therefore started from different assumptions with different objectives.

The Association says there are three main problems with HSC's proposals. Firstly they extend beyond the Directive to include intermediate chemicals, despite the fact that these are not generally placed on the market and do not, therefore, pose a threat to either the consumer or the environment — the objects of protection in the Directive.

Companies have told CIA that with the regular production of substances that contain up to 10 intermediates, costs would rocket if each one had to be individually tested — costs that would be incurred years ahead of any revenue resulting from sales of the final product were seen. One fine chemicals manufacturer estimated that for a company turning over some £15 million, extra costs would be around £5½m.

Secondly, the proposed UK regulations include pharmaceuticals, pesticides and fertilisers, and foodstuffs, despite these categories being specifically excluded from the Directive because they are already subject to approval procedures under existing Directives. The duplication could increase testing costs six-fold.

The final — and most feared — point

is the lack of a specific statement concerning confidentiality, unlike interpretations of the Directive currently operating elsewhere in the EEC. CIA says many companies have indicated to them that this fact alone would prevent them manufacturing in the UK. Two fears are apparent: products that take many years to produce would be prone to leakages of information, and the notification of intermediates allows the possible identification of a process and process route.

A comparison of HSC's proposals with laws already operating on the Continent shows, says CIA, that the cost of testing a new product could rise by 38 per cent in the UK against 13 per cent in the rest of the Community.

CIA made its views known to the HSC last week and a presentation was made to an all-party group of MPs, who showed "understanding" of the problem, but the only way the subject is likely to be raised in the House is via question time — the final decisions lay with HSC.

□ The Health and Safety Executive has warned manufacturers and importers of the arrangements for drawing up an inventory of existing commercial chemical substances in connection with the regulations.

The European Commission will shortly draw up a "core" inventory (ECOIN-European Core Inventory) based on existing lists of chemical substances. British manufacturers and importers should declare, within nine months of its publication, to the Commission via HSE, any substances not included that have been marketed between January 1, 1971 and September 18, 1981. Any substance which does not ultimately appear in the inventory, even although it may have been on the market for a number of years, will be deemed to be a "new" chemical under the Directive and subject to the testing and notification requirements. ■

organisation solely to benefit independent pharmacy rather than financial investors and so has a trading advantage which is becoming more and more apparent.

"I believe there will be major changes in the network of pharmaceutical wholesaling over the next 12 months, and the advantages of Unichem will become even more obvious."

Earlier this year the company reported a jump in profits to £13.6m and record sales of £168m for 1980. ■

Upward trend goes on at Unichem

Unichem's turnover for the first half of 1981 was £99.8 million — an increase of more than 30 per cent over the same period in 1980 — with profits also said to be continuing to rise satisfactorily.

Announcing the interim results, last week, chairman Norman Sampson said: "Unichem was created as a membership

Heavy costs concern over ITB wind-up

Two of Britain's leading chemical companies fear that they may be required to pay more than £1 million between them towards the cost of winding up the Chemical and Allied Industries Training Board. This was revealed in the House of Lords last week by Lord Tordoff, the newly created Liberal life Peer, who has worked in the chemical industry for 30 years.

In his maiden speech in the second reading debate on the Employment and Training Bill he praised the industry's record in in-house training, both technical and management. Over the sector covered by CAPITB, something like 84 per cent of companies were granted exemption from levy, and in the chemical part of the sector the exemption level was as high as 96 per cent.

So it was not surprising, said Lord Tordoff, that individual companies and the chemical industry's trade association were very much in favour of the winding up of the board. "What I do find very surprising, though, is that the companies are going to be expected to pay the winding up costs. In the case of the two largest chemical companies in this country I understand that the total cost may come to over £1m between them."

Urging the Government to look at the matter again, Lord Tordoff maintained that it was unfair that firms which had had an industrial training board imposed upon them and who had not gained much benefit from it should now be expected to pay such large sums of money to wind it up.

The Bill is designed to enable the Government to switch more of the cost of industrial training from the Exchequer to industry and Mr James Prior, the Employment Secretary, will announce in the autumn which of the existing statutory training boards will continue in their present form. ■

Macarthy's re-register

Macarthy's have re-registered as a public company under the provisions of the 1980 Companies Act and are now known as Macarthy's Pharmaceuticals PLC. They point out that for a short while existing stationery will be used for the correspondence and cheques will bear the old name.

Under the Act two types of company are specifically provided for — unlimited and limited companies will become "private companies" and other companies will become "public limited companies", the latter must say by March, 1982, whether they wish to register under the new laws as a public limited company or become private companies. ■

More Business News overleaf

Revision of first-aid regulations

New and comprehensive first-aid regulations covering virtually all workpeople in the UK have been laid before Parliament. The regulations will not come into force until July 1 1982 to allow time for employers to prepare for them by training personnel and providing the necessary equipment and facilities. The regulations are made under the Health and Safety at Work Act.

Associated with the regulations are an Approved Code of Practice and Guidance Notes which will be published shortly and which contain practical guidance for employers on what they should do to comply with the general duties in the regulations, which:

- place a duty on each employer to provide, or ensure that there is provided, sufficient first-aid equipment, facilities and personnel as are adequate and

appropriate in the circumstances to give first-aid to his employees in the event of an accident or illness at work and to inform his employees about the first-aid arrangements made;

- are designed to provide a flexible framework within which individual undertakings can develop effective first-aid arrangements tailored to their particular needs;

- extend first-aid legislation to cover areas of employment which were brought within the scope of health and safety legislation for the first time by the Health and Safety at Work Act, such as workers in hospitals and educational establishments. The self-employed are also covered by the regulations;

- replace existing first-aid legislation contained in four Acts and 42 pieces of subordinate legislation.

In most establishments where current first-aid legislation applies, there should be no increase in the numbers of first-aiders required although additional training may be required in establishments with special or unusual hazards or in isolated or difficult locations.

"The Health and Safety (First Aid) Regulations 1981," (£1.10) are available from HMSO. ■

Further concessions on start-up scheme

Businesses will be able to benefit from a further extension of the business start-up scheme announced by the Government last week (*C&D*, June 13, p115).

Another series of amendments to the Finance Bill tabled by Treasury Ministers now provide an opportunity for funds to be channelled into new businesses through investment institutions.

A second concession reduces the minimum investment from £1,000 to £500 — the minimum will not apply at all where the money is channelled through "approved investment funds".

A provision is also to be included in the Bill which will enable such funds to spread the investments over a number of separate "start-up" projects. ■

Costs of salesmen begins to ease

The cost of running a sales force rose by 11.6 per cent over the 1980-81 period — the lowest rise for some years — according to a survey published this week.

The overall increase compares with 15.9 per cent shown in last year's survey, but Sales Force Ltd say there were wide variations in companies' figures and in the averages of different cost centres.

Recruitment costs fell by some 16 per cent and an average rise of only 10.6 per cent in remuneration costs both helped keep the overall figure down. As a result,

the inclusive cost per salesman per working week was £401 compared to £368 in 1979. More companies are, however, retaining a smaller standing sales force and augmenting them with contract teams for special promotions, say Sales Force. ■

NI success story

Galen Ltd, whose sales figures have increased by 42 per cent since last year, have won the 1981 Local Enterprise Development Unit's "Small Business Award". Based at Portadown, the company is the only Northern Ireland based manufacturer of pharmaceutical products.

Judging of the "M&B Formula 81" competition for pharmacists and pharmacy assistants took place at NPA's offices, St Albans, last week. Over 1,000 pharmacists entered for the 70 prizes of personally inscribed gold pens, and more than 1,000 assistants competed for the 50 x £20 W.H. Smith gift vouchers. The panel of judges from left to right, seated: D.W.S. Rothwell, medical sales manager, M&B, Bob Worby, FPS, treasurer NPA, Tim Astill, director NPA, J.R. Greig, MPS, medical information department, M&B. Standing: Jim Keir, M&B's manager, self-medication lines, Colin Harris, M&B's regional sales manager, southern region, John James, M&B's regional sales manager, northern region, Derek Jones, RSM, midlands region and Peter Nicholls, C&D's advertisement manager



LRC benefit from rationalisation

The period of rationalisation that LRC International have been going through is now beginning to show results with LRC Products — which includes such products as Durex, Eucryl and Sanitas products — reporting a "brilliant year", lifting pre-tax profits by £1.7 million to £3.8m.

Haffenden-Richborough moved from a loss making situation last year to one of modest profit, and United Photographic Laboratories are again said to have had a good year.

For the group as a whole, pre-tax profits were up from £6.21m to £7.03m, helped by a strong second half. Despite static sales at £113.92m (£113.77m), trading profits were at a record £10.03m (£8.94m).

The company are optimistic about future growth, benefiting from a strong first quarter in 1981 despite the difficult trading conditions. ■

Slump may increase 'cheating' says OFT

A close watch on developments is being kept by Gordon Borrie, director general of Fair Trading because, he says, the recession has put some firms under pressure and they may "resort to unfair trading such as false bargain offers and descriptions".

In the annual report of the OFT, Mr Borrie says that the situation for consumers is very much one of swings and roundabouts, for while they may benefit from price reductions there may also be pressures on industry "to adopt practices like collusion on prices, which in the long term will inhibit competition and reduce efficiency". ■

■ **Mason Pearson Bros Ltd** are moving to 37 Old Bond Street, London W1, effective from July 22. The telephone number is unchanged.

■ **Rohm and Haas (UK) Ltd** are to construct an \$18m manufacturing complex at their Tyneside chemical plant to produce Kathon, a broad spectrum biocide. Construction of the new facility will commence in early 1982 and will be completed and on-stream by 1983.

■ **Vestric Ltd** have rejoined the National Association of Pharmaceutical Distributors. They left because they were unhappy about policies but with the appointment of a new director and changes in direction they feel they should "again put our weight behind the association's work."

■ **Wyeth Laboratories** have started construction of a £1.38m office block extension at their UK headquarters in Taplow, Berkshire. The two-storey extension comprising 24,000 sq ft will help reduce over-crowding in existing offices and allow for a "major expansion" of the company's clinical commitments in the UK and Europe with related data handling and computer facilities.

APPOINTMENTS

■ **L'Oreal GB (Golden Ltd):** Mr Jack Mas, ex-managing director, who has returned to France to take up a new position within the group, remains a director of Golden (*C&D*, July 4, p31).

■ **Wilkinson Sword Group Ltd:** Terry Irwin has joined as product manager. He will be responsible for the marketing of the company's range of refillable shaving products — Profile, Bonded and W II, in the systems sector, and traditional double edge. He had worked most recently with R.J. Reynolds Tobacco in Germany.

■ **Esselte Meto Ltd:** Mr Ian Davies, is appointed UK managing director, from general manager Texas Instruments; Mr Peter Byrne, to marketing manager, from marketing manager of ICL subsidiary Baric; Mr Nicholas Fraser, to product manager — hand held price marking and coding — from Green Shield Trading Stamps.

■ **Boots Co Ltd:** Mr Stanley R. Burdon, MPS, is appointed area director, West and South West. He replaces Mr Leonard W. Day, MPS, who retired on May 31. Stanley Burdon was appointed a territorial general manager in 1963, and has held appointments in Manchester, Leeds and Exeter. Since 1979 he has served as large branch consultant in the western area.

MARKET NEWS

Oil prices firm

London, July 14: Essential oil prices remain remarkably firm although trading in most of them is described as being at an 'abysmal' level. The pound being at its lowest point against the US dollar for three years is, of course, causing the firm tone, particularly those of Chinese and American (North and South) origin.

Higher, during the week were bois de rose, anise, camphor white, cananga, eucalyptus and patchouli.

Several botanicals are now rising in price also. Among those marked up were Canada balsam, cascara, senega and liquorice root. Copaiba balsam was on offer in the forward position after a long absence.

Pharmaceutical chemicals

Aloin: micro-crystalline £28.65 kg in 50-kg lots.
Borax: EP grade, 2-5 ton lots per metric ton in paper bags, delivered — granular £313, powder £341, extra fine powder £357.
Boric acid: EP grade per metric ton in 2-5 ton lots — granular £473; powder £504.
Calamine: BP £758 per 1,000-kg delivered.
Ferrous gluconate: £2,375 per metric ton.
Ferrous sulphate: Dry £600 metric ton.
Ferric ammonium citrate: One metric-ton lots £1.42 kg.
Ferric citrate: £5 kg in minimum 250-kg lots.
Ferrous fumarate: BP £1.25 kg in 750-kg lots minimum.
Magnesium carbonate: BP per metric ton — heavy £740-£745; light £570-£640 as to maker.
Magnesium chloride: BP crystals £1.05 kg for 50-kg lots.
Magnesium dihydrogen phosphate: Pure £2.45 kg in 50-kg lots.
Magnesium hydroxide: (metric ton) BPC light £1,800; 28 per cent paste £550.
Magnesium oxide: BP per metric ton, heavy £1,700; light £1,800.
Magnesium sulphate: BP £147.10-£150 metric ton; commercial from £118; exsiccated £310.60.
Magnesium trisilicate: £0.70 kg in minimum 1,000-kg lots.
Mercurials: Per kg in 50-kg lots; ammoniated £15.90; oxide — red £16.30; and yellow £16.05; perchloride £8.80; subchloride £12.10; iodide £15.
Oxalic acid: Recrystallised £1.39 kg for 50-kg lots.
Paracetamol: (Per kg) 10-ton contracts from £2.90; 1-ton £2.95. Premium for d/c £0.35 kg.
Papaveretum: £390 kg; 5-kg lots £355 kg. Subject to Misuse of Drugs Regulations.
Paraffin liquid: BP £0.667 litre on 210 litre drums; light BPC 1963 £0.594; Technical white oil WA23 £0.582; WA21 £0.611.
Pentobarbitone: Less than 100-kg £25.67 kg; sodium £27.27.
Pethidine hydrochloride: 10-kg lots £54.72 kg. Subject to Misuse of Drugs Regulations.
Petroleum jelly: BP soft white grade 54 £481 metric ton delivered UK in 170-kg drums; yellow BP in grade 60 £481 in 174 kg drums.
Phenobarbitone: In 50-kg lots £7.89 kg, sodium salt £8.47.
Phenylephrine hydrochloride: £89 kg in 50-kg lots; £92 in 10 kg.
Pyridoxine: £18.70 kg for 20-kg lots.
Sodium acetate: BP crystals £1.02 kg in 50-kg.
Sodium acid phosphate: BP crystals £1.36-£1.42 kg as to source for 50-kg lots.
Sodium ascorbate: 100-kg lots £5 per kg.
Sodium benzoate: £0.70 kg in 500-kg lots.
Sodium bicarbonate: BP from £149.90 metric ton as to grade in minimum 10-ton lots delivered UK.
Sodium chloride: Vacuum dried in 10-ton lots delivered London 4-ply bags £47.56 metric ton.
Sodium citrate: Granular £891 metric ton; powder £911. Five-ton contracts £886 for granular — all in lined bags.
Sodium fluoride: in 50-kg lots £2.43 kg.
Sodium gluconate: Technical £756 metric ton.
Sodium hydroxide: Pellets BP 1973 in 50-kg lots £0.90-£1.70 kg.
Sodium nitrate: Recrystallised £1.08 kg for 50-kg lots.
Sodium nitrite: BPC 1973 £1.14-£1.30 kg as to maker for 50-kg lots.
Sodium perborate: (per 1,000 kg) monohydrate £723; tetrahydrate £430.
Sodium percarbonate: £567 per metric ton.
Sodium sulphate: Fine crystals BP £99 per metric ton, pea crystals 121.60; commercial £43.10 ex works.
Sodium sulphite: Crystals £0.21 kg (500 kg minimum).
Sodium thiosulphate: photo grade £259.50 per metric ton; £243.50 ton in 4-ton lots.
Thiamine: Hydrochloride / mononitrate £14.85 kg in 20-kg lots of British origin; 500-kg £14.00.
Tocopherol: DL alpha 5 kg £15.95 kg.
Tocopheryl acetate: DL-alpha per kg £12.55 (in 20-kg lots); adsorbate 12.20 (25-kg); spray-dried £9.75.

Essential oils

Almond: Sweet in 4-ton lots £1.60-£1.70 kg duty paid.
Anise: (kg) Spot £12.45; shipment £12, cif.
Bay: West Indian £10 kg spot; £9.90, cif.
Bergamot: £30 kg spot (new crop).
Bois de rose: £8.50 kg spot; £8, cif.
Buchu: South African £105 per kg spot; English — distilled £1.60.
Cade: Spanish £1.70 kg spot.
Camphor: White £1.10 kg spot; £1, cif.
Cananga: Indonesia £16.50 kg spot; £16.25, cif.
Cardamom: English-distilled £160 kg; Indian £110.
Cassia: Chinese £55 kg spot; £52, cif.
Cedarwood: Chinese No spot; £1.60 kg, cif.
Cinnamon: Ceylon leaf £2.75 kg spot, and cif; bark; English-distilled, £150.
Citronella: Ceylon £3.40 kg spot; £3.35, cif. Chinese £3.75 spot; £3.60, cif.
Clove: Indonesian leaf £1.90 kg spot and cif. English distilled bud £47.50 spot.
Eucalyptus: Chines £2.50kg £2.35, cif.
Fennel: Spanish sweet £8 kg spot.
Geranium: Bourbon £42 kg spot; £40 cif.
Ginger: Chinese £22 kg spot nominal; £21.50, cif. English-distilled (ex W. African root) £70; ex Indian £43.
Lavender spike: £13 kg.
Lemon: Sicilian best grades from £20 kg in drum lots; Other sources from £15.
Lemongrass: Cochín £4.70 spot; £4.40, cif.
Peppermint: (kg) Arvensis — Brazilian £6.25 spot; £6, cif. Chinese £3.60 spot; £3.55, cif. American piperata £11.
Petitgrain: Paraguay £9 kg spot, £9.20 cif.
Rosemary: Moroccan £6.80 kg spot; Spanish £7.50.
Sandalwood: Mysore £60 kg spot nominal; £55.25 kg cif. East Indian £50 spot; £49.50 cif.
Sassafras: Brazilian £2.25 kg spot and cif.
Spearmint: Chinese no spot; £8.25 kg, cif. American £10.50 spot.
Thyme: Red £45-50% £15 kg spot, 50-55% £17.
Vetivert: Java £14 spot; £14.50, cif.

Crude drugs

Balsams: (kg) **Canada:** Dearer at £12.55 on the spot shipment 12.46 cif. **Copaiba:** No spot; £6.40, cif. **Peru:** £10.75 spot; £11.15 cif. **Tolu:** £6 spot.
Benzoine: £193 cwt, cif.
Belladonna: herb £1.15 kg spot; £1.82, cif; leaves £1.19 kg; root no spot; £2.32 kg cif.
Camphor: Natural powder £10 kg spot; £9.25, cif. Synthetic 96% £1.30 spot; £1.25, cif.
Cardamoms: Alleppy green £4.70 kg, cif.
Cascara: £1,420 metric ton spot; £1,400, cif.
Cherry bark: Spot £1,280 metric ton; shipment £1,240, cif.
Cinnamon: unquoted on spot or forward. Ceylon quills 4 o's £0.84lb, featherings £0.17 both cif.
Hydrastis: Spot £29.45 kg; £29.50, cif.
Liquorice: Root, no spot; £600 metric ton, cif. Block juice £1,400 metric ton spot.
Mace: Grenada unsorted \$2,750 metric ton, fob.
Menthol: (kg) Brazilian £5.80 spot £6.70, cif. Chinese £5.90 spot; £5.80, cif.
Podophyllum: No spot; £630 metric ton, cif.
Quillaia: Spot £1,040 metric ton; £1,030, cif.
Seeds: (metric ton, cif). **Anise:** China star £1,175. **Celery:** Indian £550. **Coriander:** Moroccan £280. **Cumin:** Indian £600. **Fennel:** Indian £495. **Fenugreek:** Moroccan £300; Indian £295.
Sarsaparilla: Jamaican £2,725 metric ton spot £2,715, cif.
Senega: Canadian no spot; £7.65, cif.
Squill: Indian white £340 metric ton, cif.
Senna: (kg) spot Alexandria pods hand-picked from £1.80 upwards; manufacturing £0.50 Tinnevely faq leaves £0.44; pods, faq £0.42; hand-picked £0.50.
Styrax: Turkish natural £5.40 kg spot.
Turmeric: Madras finger £350 metric ton spot; £270, cif.
Tonquin beans: No offers.
Valerian: Dutch No offers spot; £1,500 metric ton, cif. Indian £1,380 spot; £1,443, cif.
Witchazel leaves: £2.75 kg spot; £2.70, cif both nominal.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

International gifts fair, Grand Hall, Olympia exhibition centre, London W14, August 9-13. Details from Sara Milne, telephone 01-499 7324.
Pharmex international pharmaceutical fair, Singapore, August 11-14. Seven nights in deluxe hotel from £645 (to include return flight). Information from Pressplan (see below).
Indro-Perfumery, pharmaceutical and chemist supplies exhibition, Utrecht, August 24-27. Accommodation at the Holiday Inn Hotel. £651 inclusive of return airfare. Information from Pressplan Travel Ltd, telephone 0727 33291.
Parenteral Drug Association, Inc, three day seminar on 'Microbiology and engineering of sterilization processes', Hilton International, Basel, Switzerland, September 15-17 and September 21-23. For registration, telephone Dr Schrank Basel 41/061-27-30-41.
Filtex/Dustex-second world filtration congress, Olympia, London, September 15-17. Space inquiries, telephone 01-686 6339. Other information, telephone 01-236 0911.

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Business for sale

X1 — WEST MANCHESTER —
Three substantial pharmacies all with
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bined turnover of over £550,000 and
total scripts averaging 11,400 per
month. Freehold properties, goodwill
and fixtures and stock at valuation
totalling approximately £300,000.
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sidered as will sale of the shares in the
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**X2 — SOUTH WEST LANCA-
SHIRE —** Large excellently modern-
ised and fitted-out property close to
town centre. Turnover to April 30th,
1981, £116,000. Scripts average 2,000
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approx. £20,000.

X3 — ANGLESEY — Freehold lock-
up premises in pleasant coastal village.
Turnover £100,000 p.a. and scripts
1,600 per month. Property, goodwill
and fixtures £37,000 plus stock at
valuation.

X4 — LINCOLNSHIRE — Good liv-
ing accommodation is contained in
these shop premises in the centre of a
busy holiday resort on the Lincoln-
shire coast. Turnover is running at
around £100,000 p.a. with excellent
profits. Scripts average 1,550 per
month, freehold property £23,000,
goodwill, fixtures and fittings £15,000
plus stock at valuation.

X5 — HIGH WYCOMBE — Drug
store in small shopping centre, on
council estate in village close to High
Wycombe. Turnover to 30.9.80
£24,000, rent £1,750 per annum. Two
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tures and fittings £6,000 plus stock at
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X6 — NORTH EAST COAST —
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council estate is highly profitable and
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dential accommodation is to be re-
tained by the owner. Business prem-
ises and fixtures on lease at £950 per
annum plus stock at valuation approx
£8,000. Turnover to 31st March 1981
£68,000. High value scripts average
1,100 per month.

X7 — SALFORD (LANCASHIRE) —
Lock-up shop serving council
estate, turnover to 31st March 1981
expected £90,000. Based on 1,600
scripts per month. Rent £750 per
annum. Reasonable offers considered
for goodwill and fixtures to effect a
good sale.

X8 — LEEDS — This easily run lock-
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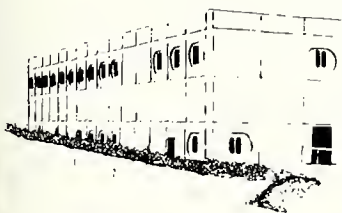
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